OMB Control Number: 0938-0836
Exp.: 11/30/01

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Center for Medicaid and State Operations
Baltimore, MD 21244-1850

Coordinated Invitation to Apply for

"Systems Change Grants for Community Living"

Improving Community Services for
Children and Adults of Any Age Who Have a Disability or Long Term Illness

Health Care Financing Administration
CFDA No. 93.779

May 17, 2001

TABLE OF CONTENTS

Executive Summary

The Health Care Financing Administration (HCFA) is inviting proposals from States and others, in partnership with their disability and aging communities, to design and implement effective and enduring improvements in community long term support systems. These systemic changes will be designed to enable children and adults of any age who have a disability or long term illness to:

(a) Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
(b) Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use and the manner by which services are provided; and
(c) Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Four distinct grant solicitations comprise the "Systems Change for Community Living" grants that are the subject of this coordinated invitation. They are:

- ***"Nursing Facility Transitions" grants:*** HCFA is making available between $10-$14 million to help States transition eligible individuals from nursing facilities to the community. Two types of grants are offered: State Program grants will be made to support State program initiatives; "Independent Living Partnership" grants will be made to selected Independent Living Centers (ILCs) to promote partnerships between ILCs and States to support nursing facility transitions.

- ***"Community-integrated Personal Assistance Services and Supports" grants:*** Personal assistance is the most frequently used service that enables people with a disability or long term illness to live in the community. Grants totaling $5-$8 million are available to support States' efforts to improve personal assistance services that are consumer-directed or offer maximum individual control.

- ***"Real Choice Systems Change" grants:*** The goal is to help design and implement effective and enduring improvements in community long term support systems to enable children and adults of any age who have a disability or long term illness to live and participate in their communities. Approximately $41-$43 million is available in direct grants to States.

- ***"National Technical Assistance Exchange for Community Living" grant:*** This national technical assistance initiative will provide technical assistance, training, and information to States, consumers, families, and other agencies and organizations. Funding for the technical assistance will range from $4-$5 million.

Grant applications will be due in July 2001. We expect all grant awards to be made prior to October 1, 2001. States will have up to 36 months to expend these funds. Grantees are not required to provide a financial match, but a small non-financial recipient contribution from Grantees and/or a third-party "in-kind" contribution is required.

For more details and news about events relevant to these grant invitations, please periodically consult our web site at http://www.hcfa.gov/medicaid/systemschange.

TIMETABLE

MILESTONE	DATE	CONTENT
"New Tools" Letter	January 10	This letter, addressed to State Medicaid Directors, was intended as an early alert to the new grant opportunities.
"Starter Grants"	Announced February 25; Deadline June 1, 2001	These non-competitive, $50,000 grants available to each State were intended to support consumer task forces, public-private partnerships, and initial planning for the "Systems Change" grants.
Grant Solicitations Issued	May	
New Opportunities for Community Living: A Systems Change Conference	May 24 and May 25	This national conference is targeted towards States, consumers, providers, and advocates to share information and ideas on home and community based system initiatives. 1
Letter of Intent to Apply Due	June 8, 2001	
Applicant's Teleconference	TBD	Additional information regarding registration for this teleconference will be posted on the HCFA web site at http://www.hcfa.gov/medicaid
Application Due Dates ❖ Technical Assistance Exchange ❖ Nursing Facility Transitions ❖ Community PASS ❖ Real Choice Systems Change	 July 16 July 20 July 20 July 20	
Grant Period Start Date	**Prior to October 1, 2001**	

1 Information on this conference was previously distributed through the Home and Community Based Services Resource Network. For additional information go to: http://www.hcbs.org.

Coordinated Invitation to Apply for

"Systems Change Grants for Community Living"

Improving Community Services for
Children and Adults of Any Age Who Have a Disability or Long Term Illness

Sponsored By:

The Health Care Financing Administration (HCFA)
CFDA No. 93.779

PART ONE

PROVISIONS THAT APPLY TO ALL TYPES OF GRANTS

I. Purpose

The Health Care Financing Administration (HCFA) is inviting proposals from States and others, in partnership with their disability and aging communities, to design and implement effective and enduring improvements in community long term support systems. These systemic changes will be designed to enable children and adults of any age who have a disability or long term illness to:

(a) Live in the most integrated community setting appropriate to their individual support requirements and preferences;
(b) Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use and the manner by which services are provided; and
(c) Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

II. Background

People of any age who have a disability or long term illness generally express the same desire to live in the community as do most other Americans. They express a desire to live in their own homes, make their own decisions about daily activities, work, learn, and maintain important social relationships. They express a desire to contribute and participate in their communities and family life.

In 1990, Congress enacted the Americans with Disabilities Act (ADA) (Pub. L. 101-336). The ADA recognized that "society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem" (42 U.S.C. §12101(a)(2). The ADA gave legal expression to the desires and rights of Americans to lead lives as valued members of their own communities despite the presence of disability.

Over the past few years, a consensus for assertive new steps to improve the capacity of our long term support systems to respond to the desires of our citizenry has been building. Federal, State and local governments have begun to take actions to renew and reaffirm a commitment to improving the systems that will support people of any age with a disability or long term illness who wish to live in their communities.

Several Federal and State initiatives are underway to make community living a reality for more people. The Health Care Financing Administration (HCFA) adopted a number of Medicaid policy reforms and issued grants to facilitate State efforts to improve their community services systems. Numerous States have implemented home and community-based waivers through the Medicaid program. As States learn more from these experiences, waivers will continue to evolve. States are interested in building more consumer choice and consumer-directed services. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced planning grants to assist States in their planning efforts. The U. S. Department of Housing and Urban Development (HUD) entered into a memorandum of understanding with HHS to coordinate community housing subsidies with human service funds in a manner that will make transition from nursing facilities to the community more feasible. The Administration on Aging (AoA) inaugurated a nationwide caregiver support program.

Congress also recognized that States face formidable challenges in their efforts to fulfill their legal responsibilities under the ADA. Congress appropriated funds for these "Systems Change" grants specifically to improve community-integrated services.

In February 2001, President George W. Bush announced a broad "New Freedom Initiative" to "tear down barriers to equality" and grant a "New Freedom" to children and adults of any age who have a disability or long term illness so that they may live and prosper in their communities. For more information on the President's "New Freedom Initiative" go to: http://www.whitehouse.gov.

The "Systems Change " grants described in this document represent an expression of support for States' efforts to provide additional or improved support for community living. These grants support: the President's "New Freedom Initiative"; the States' efforts to fulfill the ADA; and the long-standing desire of people of any age who have a disability or long term illness to live and participate in their communities with dignity and value.

III. Overview and General Requirements for All "Systems Change" Grants

Four distinct competitive grant solicitations comprise the "Systems Change" grants that are the subject of this communication. They are:

- ***"Nursing Facility Transitions" grants:*** The purpose of the "Transitions" grants is to help eligible individuals make the transition from nursing facilities to the community. Between $10-$14 million in two types of grants are available from HCFA: State Program grants and "Independent Living Partnership" grants. State Program grants can be used for a wide range of activities, e.g., a State may wish to use State Program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. The Independent Living Partnership grants are designed to promote partnerships between States and selected Independent Living Centers (ILC's)[1] to support the transition of individuals from nursing facilities to their communities.

- ***"Community-integrated Personal Assistance Services and Supports" grants:*** Personal assistance is the most frequently used service that enables people with a disability or long term illness to live in the community. Many States have taken a leadership role in designing systems that not only offer the basic personal assistance service, but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These grant funds will be used by States to improve personal assistance services that are consumer-directed or offer maximum individual control. Grants totaling $5-8 million are available to support States' efforts to improve community-integrated personal assistance for children and adults of any age who have a disability or long term illness.

- ***"Real Choice Systems Change" grants:*** The goal is to help design and implement effective and enduring improvements in community long term support systems to enable children and adults of any age who have a disability or long term illness to live and participate in their communities. Direct grants totaling $41-$43 million are available to assist States and their disability and aging communities to work together to find viable ways to expand or improve the design and delivery of community-integrated services. The funds will also support the public-private partnerships and broad public participation (including a consumer task force) that are generally needed to accomplish such an ambitious undertaking.

- ***"National Technical Assistance Exchange for Community Living" grant:*** This National Technical Assistance grant will support the "Real Choice Systems Change" grants, the "Nursing Facility Transitions," and the "Community-Integrated Personal Assistance Services and Supports" efforts. The purpose of this national technical assistance initiative will be to provide technical assistance, training, and information to States, grantees, consumers, families, and other

1 Independent Living Centers (ILC's) refer to those ILC's recognized under State or Federal Law.

agencies and organizations. Funding for technical assistance will range from $4-$5 million.

The "Systems Change" grants are authorized pursuant to section 1110 of the Social Security Act. Funding and Congressional language was provided in the Consolidated Appropriations Act, 2001 (Pub. L. No. 106-554) (including H.R. 5656 Labor, HHS, and Education Appropriations), and in the accompanying Report, H. Conf. Rep. No. 106-1033. HCFA is the designated HHS agency with administrative responsibility for this grant program.

A. Timing and Duration of Awards

We expect all grant awards to be made prior to October 1, 2001. Grantees may expend grant funds over a 36 month period from the date of award.

B. Match

Grantees of the Nursing Facility Transitions, Community PASS, and "Real Choice" grants are required to make a non-financial recipient contribution of 5 percent of the total grant award. Non-financial recipient contributions may include the value of goods and/or services contributed by the Grantee, e.g., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from federal funds. Recipient contributions must be included in the Applicant's Budget on Standard Form 424A. The non-financial match requirement may also be satisfied if a third party participating in the grant makes an "in-kind contribution", provided that the Grantee's contribution and/or the third-party in-kind contribution equals 5 percent of the total grant award. Third-party "in-kind contributions" may include the value of the time spent by consumer task force members (using appropriate cost allocation methods to the extent that non-Federal funds are involved) who specifically contribute to the design, development and implementation of the grant.

Grantees applying for National Technical Assistance Exchange for Community Living grant will be required to make a non-financial recipient contribution of 1percent of the total grant award. Applicants must specify these required recipient contributions in their Budget on Standard Form 424A.

C. Indirect Costs

Reimbursement of indirect costs under each of the four grant solicitations is governed by the provisions of the U.S. Department of Health and Human Services, Grants Policy Directive (GPD) Part 3.01: Post-Award – Indirect Costs and Other Cost Policies. We recommend that Applicants review the provisions of this Policy Directive and applicable OMB Circulars in preparing budget information. This information is available online at:
http://www.hhs.gov/grantsnet/adminis/gpd/gpd301.htm.

D. Who May Apply

States may apply for <u>any</u> grant, except the Independent Living Partnership portion of the "Transitions" grant. By "State" we refer to the definition provided under 45 CFR 74.2 as "any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State

exclusive of local governments." By "territory or possession" we mean Guam, the U.S. Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

For the “Real Choice Systems Change" grants and the State Program portion of the "Nursing Facility Transitions" grant, only a State agency or instrumentality may apply. Such agencies must have the support and active participation of one of the following: the Governor, the State Medicaid agency, or the State agency administering a relevant Section 1915(c) home and community-based waiver.

For the Independent Living Partnership portion of the "Nursing Facility Transitions" grant, only Independent Living Centers may apply. Each applicant must have (a) the support and active participation from the State Medicaid agency or the State agency administering a relevant Section 1915(c) home and community-based waiver, and (b) the support and active participation of at least two other consumer-governed organizations.

For the "Community-Integrated Personal Assistance Services and Supports" grants, any State agency or any other organization may apply if it has the support and active participation of one of the following: the Governor, the State Medicaid agency, or the State agency administering a relevant Section 1915(c) home and community-based waiver. For the "National Technical Assistance Exchange for Community Living" grant, any organization may apply. However, pursuant to 45 CFR 74.81 no funds may be paid as profit to any recipient organization.

States may and are encouraged to apply for more than one type of grant. For example, the State may apply for a "Real Choice Systems Change" grant and also apply for a "Nursing Facility Transitions" grant. Also, different State agencies may apply for the different types of grant solicitation. For example, the Medicaid agency might apply for the "Community PASS" grant and the agency administering the section 1915(c) waiver might apply for the "Nursing Facility Transitions" grant. However, no State may be awarded more than one Grant per State per type of grant. For example, a State may not receive two "Real Choice Systems Change" grants or two "Community PASS" grants. Neither an Independent Living Partnership grant nor a technical assistance grant will count against this limit.

In addition, a State or other eligible entity may submit a single application for any one type of grant that is composed of multiple, interrelated projects. For example, a State might submit an application for the "Real Choice Systems Change" grant that is composed of a "one-stop shopping" demonstration and a separate but related project to solve the shortage of front-line workers. While only one entity may receive the grant, the grantee agency may subcontract portions of the award consistent with the Applicant’s proposed project. A potential Applicant may request written clarification from us in advance of the application due date if it is unclear whether it is eligible to apply for a particular grant.

In the event that we receive more than one application for any grant solicitation for which the “one per State” standard applies, we reserve the right to select which application we will consider for funding.

HCFA reserves the right to assure reasonable balance in the awarding of grants, in terms of key factors such as geographic distribution and broad target group representation.

E. Involvement of Consumers, Stakeholders, and Public-Private Partnerships

For all grant solicitations, we strongly encourage the continuous, active involvement of consumers in both project design and implementation. We encourage processes that promote the active involvement of all other stakeholders. In addition, we encourage the development of public-private partnerships that make the most effective use of each partner's expertise.

For the "Real Choice Systems Change" grants, Congress expressed its preference that the grant applications "be developed jointly by the State and the Consumer Task Force. The Task Force should be composed of individuals with disabilities from diverse backgrounds, representatives from organizations that provide services to individuals with disabilities, consumers of long-term services and supports, and those who advocate on behalf of such individuals" (H. Conf. Rep. No. 106-1033 at 150).

We encourage collaboration with a broad range of public and private organizations whose primary purpose is advocating for people with disabilities or long term illnesses. Examples of such organizations include State Independent Living Councils, Area Agencies on Aging (AAAs), Developmental Disabilities Councils, State Mental Health Planning Councils, State Assistive Technology Act Projects (AT Act Projects), and other national and statewide consumer disability and aging organizations. We also encourage Applicants to partner with volunteer groups, employers, faith-based service providers, private philanthropic organizations, and other community-based organizations.

Please check our web site at http://www.hcfa.gov/medicaid for more information regarding the options available to States relative to the consumer task force and other more detailed questions related to these grants.

F. Coordinating the Different Types of Grants

Each solicitation is intended to stand on its own merits and be useful to States as an individual project. States may administer more than one type of grant and make them work together to create an enduring systems change of greater intensity or scope.

By "enduring system change", we mean that the infrastructure and capacity of the community's long term support system is so effectively enhanced that, long after the grant funds are fully expended, people with a disability or long term illness will continue to experience a substantially greater opportunity for community living and community participation than previously existed.

The ***"Nursing Facility Transitions"*** grant is targeted primarily to people who reside in nursing facilities (NFs). The intent of the grant is to build State capacity to reach out and support the transition of such individuals to a community-integrated living arrangement consistent with their needs and preferences, and assure that these individuals have the supports necessary to sustain long term residence and participation in the community. In this year's solicitation, we have added an opportunity for States to demonstrate targeted diversion projects that achieve superior community connections with any type of inpatient hospital.

The next most "focused" grant solicitation is the ***"Community-integrated Personal Assistance***

Services and Supports" grants. These "Community PASS" grants are not limited to supporting people transitioning from nursing facilities or to people who meet nursing facility level of care. Rather, they are intended to support children or adults in any target group (and age group) who rely on personal assistance services to live in the community. The "Community PASS" grants have two primary features, both of which must be addressed in the grant application:

- Community Integration: This term means that the personal assistance service must be oriented to supporting each individual's efforts to live and participate fully in the community. Personal assistance services that do not fit this intent include services that are available primarily in congregate settings, or are not available outside the home, or do not facilitate an individual's efforts to get to a job site; and

- Maximum Consumer Control: This term means the opportunity to exercise choice over key aspects of personal assistance services commensurate with the consumer's preferences and the consumer's willingness and ability to exercise control and responsibility. Examples of such control features include: better methods or flexibility in recruiting workers, ability to set qualifications of workers, selection and choice of workers, ability to direct the manner in which personal assistance services are provided, ready availability of emergency back-up, and the opportunity to function as the employer of one's own personal assistance workers. Maximizing consumer control, however, does not necessarily mean arranging the funds so that money is cashed out to the consumer. Consumer control of funds is indeed a viable and effective way to maximize consumer control, but there are many other options. (Examples of such options are discussed further in this document at Part II.D.3.

If a State is seeking to address the issue of front-line worker shortage and thereby expand choice of workers, but is not also seeking to design ways to maximize consumer control, then we encourage the State to apply under the "Real Choice Systems Changes" grant solicitation rather than the "Community PASS" grant.

The ***"Real Choice Systems Change Systems Change"*** grants represent the broadest and most inclusive of all of these grants. Any of the above types of projects (and many more) may also be accomplished as part of a "Real Choice Systems Change" grant. These grants will be most useful in looking at the overall system of community services, identifying better methods to manage the overall system in support of community living, and designing or implementing specific improvement strategies that expand the types of community services individuals receive and the ways these services are delivered.

The ***"National Technical Assistance Exchange for Community Living"*** grant will ensure the availability of technical assistance, training, and information to States, other Grantees, consumers, families, and other agencies and organizations related to the "Real Choice Systems Change" grants, the "Community PASS" grants, and the "Nursing Facility Transitions" grants. The "National Technical Assistance Exchange for Community Living" grant will promote sharing and learning between and among States, Grantees, service providers, consumer groups, and community members dedicated to improving the: Access; Availability; Adequacy; Quality; and Value of community-integrated services. See Part III. E. Use of Funds.

G. Anticipated Size and Number of Grants to be Awarded

The Chart of Systems Change Grants for Community Living – FY 2001 (located at the end of Part I immediately following section "I" below) indicates the expected range of awards for each type of grant. A key consideration with respect to the amount of funding is that the size of the award correlates with the significance of the proposed endeavors, rather than with the size of the State. As described more fully in Appendix Two, Review Criteria, we measure "significance" in terms of the breadth of the initiative (e.g., the potential number of people affected) and the degree of enduring change in the system (e.g., the "intensity" or depth of the improvement). While "innovation" is always valued, the measure of significance relates more to the extent of progress a State, or eligible entity, may make.

HCFA reserves the right to offer a funding level that differs from the requested amount, and to negotiate with the Applicant with regard to the appropriate scope and intensity of effort that would be appropriate and commensurate with the final funding level.

H. Use of Grant Funds

States have exceptional flexibility in the use of funds and in selecting the type of investments that they judge will yield the most significant improvement in the State's community-integrated service system. Appendices Three and Four contain specific examples of the ways in which States may elect to use funds. However, funds under these grant initiatives may not be used to match any other Federal funds. Grant funds may not be used for infrastructure for which Federal Medicaid matching funds are available at the 90/10 matching rate, such as certain information systems projects.

Grant funds may not be used for services, equipment, or supports for any individual that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or educational services) or under any civil rights laws. Such legal responsibilities include, for example, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party. Other prohibited uses that apply to all grants are described in Appendix Five "Prohibited Uses of Grant Funds".

I. General Provisions

Although Applicants have considerable flexibility in developing their grant proposals under this Coordinated Invitation to Apply, Applicants must agree to the following:

1. Grantee Reporting

Grantees must agree to cooperate with any Federal evaluation of the program and provide semi-annual and final reports in a form prescribed by HCFA (including the SF-269a, Financial Status Report forms). We expect that these reports will describe the use of grant funds and program progress, as well as barriers and outcomes. HCFA will provide a format for reporting. Grantees must also agree to respond to brief survey requests that are necessary for the evaluation of the national "Systems Change" grants efforts.

2. Civil Rights

All Grantees receiving awards under these grant programs must meet the requirements of
(a) Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973;
(b) The Age Discrimination Act of 1975;
(c) Hill-Burton Community Service nondiscrimination provisions; and
(d) Title II, Subtitle A, of the Americans with Disabilities Act of 1990.

3. Intergovernmental Review of Federal Programs

Executive Order 12372, "Intergovernmental Review of Federal Programs" (45 CFR Part 100) does not apply to the "Systems Change Grants for Community Living."

J. CHART OF SYSTEMS CHANGE GRANTS FOR COMMUNITY LIVING - FY 2001

Name of Grant	Application Deadline Date	Who May Apply?	Maximum Award	Average Award	Max. Project Period	Estimated Number of Awards
1. Nursing Facility Transitions grant (CFDA 93.779)						
❖ Independent Living Partnerships	7/20/01	Independent Living Centersω	$600,000	$200,000	36 mos.	6-8
❖ State Program grants	7/20/01	Any State Agencyω	$1,200,000	$600,000	36 mos.	10-18
2. Community-integrated Personal Assistance Services and Supports grant (CFDA 93.779)	7/20/01	Any Entityω	$1,200,000	$600,000	36 mos.	9-12
3. Real Choice Systems Change grants (CFDA 93.779)	7/20/01	State Agency or Instrumentalityω	$3,500,000	$1,000,000	36 mos.	30-40
4. National Technical Assistance Exchange for Community Living grant (CFDA 93.779)	7/16/01	Any Entity	$4-$5 Million	$4-$5 million	36 mos.	1

ω Requires the support and active participation of one of the following: the Governor, the State Medicaid agency, or the State agency administering a relevant Section 1915(C) home and community-based waiver .

PART TWO

ADDITIONAL PROVISIONS SPECIFIC TO EACH TYPE OF GRANT

In the sections that follow we describe additional provisions that apply to each individual grant solicitation:

I. Nursing Facility TRANSITIONS

II. Community-Integrated Personal Assistance Services and Supports ("Community PASS") grants

III. Real Choice Systems Change grants

IV. National Technical Assistance Exchange for Community Living

I. Nursing Facility Transitions

A. Overview

The Health Care Financing Administration (HCFA) and the U.S. Department of Housing and Urban Development (HUD) are collaborating to solicit proposals for the Nursing Facility Transitions (The "TRANSITIONS") program. The goal of these particular grants is to create system improvements that enable people of any age who reside in nursing facilities to transition to integrated community residences and participate in the social and economic activities of community life to the extent desired by the individual.

The "TRANSITIONS" program consists of two coordinated components:

- ***State Program grants***. These grants will help States design and implement improvements in their community long term support systems so that people who reside in nursing facilities may be able to transition to community living. The grants will also help States develop better strategies and partnerships to increase the availability of accessible and affordable housing in the community. Approximately $8-$13 million in HCFA funding for the State Program grants will be available for use by States to develop infrastructure and/or direct services to achieve the outcome of community living. We expect to award grants to 10-18 States.

- ***Independent Living Partnership (ILP)*** grants**:** The purpose of these grants is to capitalize on the expertise of ILCs to develop outreach materials, provide technical assistance, and supplement the States' infrastructures to make the nursing facility transition initiatives successful. ILCs may also assist State agencies in identifying and supporting eligible nursing facility residents who desire community living. Successful Independent Living Centers will include multiple age and disability groups within the scope of their activities and will evidence

effective partnerships with other consumer-directed organizations to create cross-disability competence. We expect to award grants to approximately 6-8 ILP grants for a total of about $1-$2 million.

The expectations for the State Program grants and the ILP grants are described separately below. While only one State Program grant may be funded per State, and one ILP Partnership grant may be awarded per State, both a State Program grant application and an ILP grant application may be award to the same State.

B. Background: The "TRANSITIONS" Program

For the past three years, HCFA, in association with the HHS Assistant Secretary for Planning and Evaluation (ASPE), has sponsored grant initiatives to help transition people of any age from institutional living arrangements to community settings. We appreciate the pioneering work of those States that have successfully implemented these research and demonstration efforts, as well as the interest of those States that applied in the past but were not awarded grants.

We have learned a number of lessons from the nursing facility transition initiative. First, many additional States are seeking this type of support. Such interest is particularly noticeable in the current context of States' efforts around the implementation of changes as a result of the Americans with Disabilities Act (ADA) and the related *Olmstead* v. *L.C.* decision.

Second, the lack of affordable and accessible housing in the community often represents a substantial barrier to successful transition. For many people with a disability, market rent in the community exceeds all available income. For others with mobility impairments, existing housing units are often not physically accessible. States and the disability community consistently point out that a key factor in implementing changes associated with the *Olmstead* decision is to assure that individuals have coordinated access to affordable and accessible housing as well as the services and supports they need to make a smooth and successful transition into the community.

Third, there has not been an organized Federal effort to foster an effective means by which organizations such as Independent Living Centers and State agencies can learn from each other, share effective practices, actively assist one another on-site, and disseminate the lessons learned.

Therefore, we have made a number of improvements in the initiative based on experiences from the pioneer States. First, Congress increased the funding level to permit more States to receive State Program grants. Second, we have expanded the Independent Living Partnership concept from previous years. Third, additional efforts to make technical assistance available, beyond the Independent Living Partnerships, is part of "The Exchange" grant as described in Part IV.

The U.S. Department of Housing and Urban Development (HUD) is working to develop ways in which HUD resources, such as HUD section 8 vouchers, might assist individuals with disabilities in nursing facilities to transition to the community. Additional information on specific Federal housing initiatives related to HCFA's programs will be communicated in the future.

We do not yet have a full strategy for addressing the issue of housing, and HUD is not currently in a position to offer an allocation of HUD section 8 vouchers that can be directly associated with

project awards under this grant solicitation. HUD and HHS continue to work together in pursuit of additional strategies that we hope to be able to communicate in the future.

Other HUD activities (distinct from, but complementing, this solicitation) include FY 2000 and FY 2001 funding for the Section 8 Fair Share Housing Voucher program. One of the goals of the "Fair Share" program is to give funding incentives to those public housing authorities (PHAs) that pledge to utilize a portion of the Fair Share vouchers requested (or funded by HUD) for persons with disabilities. For example, as HUD evaluates PHAs' requests for funding, extra rating points are given to PHAs that specifically stated that at least 15 percent of the Fair Share vouchers would be used to house persons with disabilities. Further, HUD assigned extra rating points to applications that stated that the PHA would combine the requested vouchers with Medicaid waivers for at least 3 percent of the vouchers.

C. State Program Grants

States may apply for the State Program grants to create system improvements that enable people of any age who reside in nursing facilities to transition to integrated community residences and participate in the social and economic activities of community life to the extent desired by the individual.

1. Funding Available: Approximately $8-13 million is available for the State Program grants to develop infrastructure and/or direct services to achieve the outcome of community living. There is no minimum grant award amount, but we expect the State Program grants to range from about $400,000 to no more than $1,200,000 for the grant period. We expect to fund 10-18 States.

2. Target Groups: The State may select any and all target groups of individuals who reside in nursing facilities in the State, provided such individuals are Medicaid-eligible or are judged by the State to be within six months of Medicaid eligibility. There is no beneficiary age or target group restriction. To a limited extent, the State may also select target groups of Medicaid-eligible individuals (or individuals expected to become Medicaid eligible within six months) who may be diverted from nursing facilities in accordance with Number 7 below, "Targeted Diversion Activities".

There is no restriction on the medical condition of the individual so long as effective measures for enhancing and/or ensuring his/her health and welfare in the community can be put in place.

3. Coordination with Housing Programs: States should identify in their application how they will address the issue of accessible and affordable housing in the community for people who make the transition from nursing facilities and identify the Public Housing Authority (or Authorities) that will collaborate with the human service agency in the "TRANSITIONS" effort.

4. Agencies That Previously Received Grants: State agencies that have received an award in the past from HCFA for nursing facility transitions may apply for a new grant only to the extent that the new proposal:

(a) Builds on and makes use of the infrastructure developed during the earlier initiative,
(b) Does not duplicate the earlier initiative, and
(c) Devotes all funding under the new proposal to additional endeavors that advance the nursing facility transition goal in terms of either quantity (e.g., additional target groups) or quality (e.g., significantly expanding the effectiveness of the on-going services that support individuals in the community).

5. General Uses of Funds Under the State Program Grants: These grants provide resources to States to design, implement, and/or provide outreach for the transition and the on-going support system that will enable individuals residing in nursing facilities to transition to a community arrangement. These State program grants are not intended to replace other available mechanisms to serve persons in community based settings (e.g., Home and Community Based Services Waivers).

These grants may be used for a broad range of purposes to permit a successful transition into an integrated setting. The most important consideration in any question about the use of funds is whether such use directly contributes to fulfilling the goal of the grant solicitation. In particular, will the State use the funds to create enduring improvements in the State's service delivery system that:

(a) Enable Medicaid eligible individuals (or individuals expected to become Medicaid eligible within 6 months), who reside in nursing facilities, to transition to community residence and participate in social and economic activities of community life to the extent desired by the individual, and

(b) Enable the State to develop infrastructure and programs to support the transitions and on-going assistance needed by such individuals?

Examples of activities that States have found particularly useful in the past include:

Staff Resources: Improving basic staffing for the design and implementation of the initiative.

Transitional supports: Adding supports that are not traditionally covered under the Home and Community-Based Waiver Services (HCBWS) program or are not included in the State Plan, such as housing access support, temporary rent payments, furniture and clothing, special equipment, and direct cash payments to the individual and/or his/her family to ensure that direct services are provided.

Self-direction and consumer management infrastructure: Developing support systems that help people with a disability or long term illness to direct and manage as much of their supports or services in the community as is desired and appropriate.
On-going supports: Improving on-going supports such as transportation, psychosocial supports, personal assistance services, employment supports, crisis intervention to prevent loss of housing during periods of hospitalization, and consumer-run services (such as self-help and peer support services). An important part of each grant application will be an assurance that the agency will make available the on-going supports necessary to sustain each individual in the community after the initial transition has been accomplished.

Interagency collaboration: Improving collaboration especially between human service agencies, State and Federal housing finance agencies, and/or PHAs to make the most effective use of housing options, including the use of HUD section 8 rental vouchers for individuals who make the transition.

Please refer to Appendix Five "Prohibited Uses of Grant Funds" for an explanation of uses of funds that are not permitted.

6. Direct Services: State Program grant funds may be used to provide direct services to individuals that are not otherwise available from other funding sources (such as the State Medicaid Program or HCBS waiver). In the past, States have found this provision to be useful in paying for apartment furnishings and security deposits for people moving from institutions to a community residence. We are particularly interested in State initiatives that would create entities or programs that could continue such assistance with accessibility, furnishings or security deposits long after the funds in this grant program are exhausted. There is no overall limit on the percentage of grant funds that may be used for direct services for the nursing facilities transition (in contrast to the 20 percent limitation on all other grants). However, the ultimate purpose of the grant is to enlarge the States' capacity to transition individuals to the community. States should consider this when determining the percentage of proposed grant funds to be devoted to direct services. States should also consider the significance and sustainability of their project as specified in appendix Two. The Applicant must specify in the proposal the percentage or amount of grant funds it expects to dedicate to direct services.

7. Targeted Diversion Activities: The primary focus of this current solicitation is on transition, rather than diversion, from nursing facilities. However, proposals for diversion will be considered if efforts are targeted to the "*Hospital-Community Connection."* Hospitals frequently serve as the last residence prior to nursing facility placement. We will consider proposals that divert hospitalized individuals from nursing facilities if the proposal has the following features:

Our use of the term "hospital" in this context means an inpatient hospital, an inpatient psychiatric hospital, an Institution for Mental Disease (IMD), or a rehabilitation hospital.

- Staff dedicated to the community living effort are stationed in the hospital setting and are assigned to work with the hospital staff to assist in the diversion from a potential nursing facility placement to integrated community living consistent with the individual's choice.
- Systems are put in place to target such specialized assistance to those at highest risk of nursing facility placement and to avoid duplicating or supplanting normal discharge planning functions of the hospital.
- Systems are put in place to ensure that the supports needed by hospitalized individuals to live in the community are not only available, but are made available within the short time frames required for timely hospital discharge.
- Systems are put in place to continue transition planning for those individuals who cannot be diverted from the nursing facility, in the hopes that the nursing facility placement becomes only a short-term, temporary residential option while the community alternative is developed.

- ❖ The participating hospital strongly endorses the program and agrees to contribute direct assistance in the form of in-kind contributions of staff and/or administrator time.
- ❖ The State and hospital agree to compile the data necessary to support an evaluation of the program (e.g., data that would allow a comparison of nursing facility placements in prior years with those in the project year).

8. General Areas to Address in the State Program Grants

Appendix One describes the Format and Content for each application. Appendix Two outlines the Review Criteria that reviewers will use to evaluate each application. Below, we supplement Appendices One and Two with more details that are specific to the Applicants for the State Program grants under the "TRANSITIONS" program.

(a) Background and Identification of the Problems: The Applicant must provide a general description of its long term care system, including the nursing facility system and integrated community care system. Applicants must include an assessment of the strengths and challenges of the State's long term supports and services system and nursing facility transition opportunities to provide a context for the need for dedicated resources for nursing facility transition. The Applicant must identify the problems that it is intending to solve, and discuss the context for the State's formulation of its particular response.

(b) Project Description and Methodology*:* The Applicant must discuss all aspects of their proposed program. The Applicant must include details about the goals/objectives of the program, the methods by which the problem (as described above) will be addressed, coordination and linkages that the Applicant will formulate to reach the program goals, the workplan (with specific timelines and milestones), and information regarding organization, management and qualifications of key staff who will be designing, implementing, monitoring, and evaluating the program.

Additional areas to be included in a project description are:

Identifying the Target Group - Applicants are expected to broadly identify the target population for the nursing facility transition program. Include an estimate (and explanation of the method used to derive it) of the numbers of individuals in the target population to whom the State will provide outreach and education, an estimate (and explanation) of the resources that will be needed for an individual's transition, and how the grant intervention will benefit the State's currently existing mechanisms to assist individuals. The discussion of the target population should include the following:

- How the Applicant arrived at this population information
- How the grant may assist with identifying and utilizing data sources to be used to identify potential candidates for community transition;
- Geographic location of the target group;

- Estimated number of nursing facilities from which program candidates will be drawn;

Advances in health care technology and innovative funding arrangements have increased the potential for people of any age who have a disability or long term illness to live in community settings. A major challenge facing States in developing successful nursing facility transition programs is designing and implementing feasible and effective processes for identifying individuals in nursing facilities who may wish to transition to community living. States are also encouraged to use statewide data sources, such as the Minimum Data Set (MDS), or other assessments to help identify individuals potentially eligible for transition. Nursing facility ombudsmen, ILCs, area agencies on aging, protection and advocacy organizations and other local groups and programs have experience and expertise States should strongly consider utilizing.

Outreach Activities - Applicants should include details about: how the State will inform residents and their families and caregivers about the grant program; the types of information and supports that will be made available to enable nursing facility residents and their families or guardians, where appropriate, to make informed choices; and the methods by which nursing facility residents will be afforded accurate, objective, and easy-to-understand information about their rights and the services and support available to them to live in the community.

Identification of barriers - The Applicant must discuss how, throughout the grant cycle, barriers to effective transition will be identified and how the State will create plans to eliminate the barriers.

The Applicant's initial description of the problem must also describe any waiver amendment, new waivers, or State Plan amendments that the State feels are necessary to implement the project. States may need to request Medicaid waivers to provide services not currently covered under the Medicaid program or request a State Plan amendment for additional services under the existing State's Medicaid program. To the extent that a State plans to amend an existing home and community-based services waiver (to add new services or to request a new waiver) or amend its State Plan to provide needed services and supports to individuals served under the grant, the State must describe its plans for doing so.

Barriers to effective transition may sometimes be found in regulations, policies, or in the organization of the provider network. For example: there may be no provision for nighttime services; assistive technology may be difficult to obtain; or there may be no training available in how to use and maintain assistive technology. Alternatively, there may be gaps in the supply of quality providers (e.g., attendants or transportation services) or a lack of opportunities for people with disabilities to direct and/or control their own services through individualized budgeting, planning, and coordination activities. As part of their application, States are encouraged to explore ways of developing consumer-driven or controlled options for those nursing facility residents who will participate in the nursing facility transition program. For example, States may want to consider utilizing advocacy services or

ombudsman services to ensure that both the interests of the transition population are protected during and after a move into the community and accessible, affordable housing is available in the community.

(c) Significance and Sustainability: Applicants must address two aspects of sustainability:

1. How the individual will be sustained in a community environment through the provision of on-going supports;
2. How the system of transition will be sustained after grant funds are exhausted so that, through an enduring system improvement, other individuals might be able to transition to the community long after the end of the grant period.

The first "sustainability" issue concerns the method by which a State will help an individual live and prosper in the community beyond the initial set-up. For example, many States have ensured the availability of on-going HCBWS slots for people who have made the transition. Once an individual is settled in the community, States must also consider how they can ensure that the person's needs continue to be met even as those needs change over time. They should develop mechanisms to see that problems are resolved, and that there exists a way for the individual to request and receive either additional or a different mix of services and supports as his or her circumstances change. States should consider the variety of safeguards that need to be in place, particularly in the first year of the person's return to the community, to ensure that his or her progress is monitored and appropriate intervention is available as is warranted by the person's individual circumstances.

With regard to the second "system" sustainability issue, Applicants must describe in the application the steps that the State has taken (or will take) to ensure that changes in the system endure beyond the grant period. For example, some States have continued the transition staffing as a Medicaid administrative expense and have built in special provisions in their HCBS waiver or made efforts to ensure a continuation of transition activities with State funding.

(d) Learning, Monitoring, and Evaluation: Applicants must describe a proposed method to monitor the appropriateness of nursing facility transition activities, including ensuring the adequacy and quality of services provided, and follow-through once an individual moves into an integrated community setting.

Applicants must describe how they propose to measure and evaluate the overall program. Include an identification of methods and the objective performance measures that will utilize both quantitative and qualitative data. Provide details about information that will be collected about individuals who are willing or express interest in transitioning to an integrated community setting, any screening tools utilized, information about individuals who move to the community (such as age, gender, disability, level of care, etc.), and information that will be collected post-transition to evaluate and ensure that a successful transition has been made.

Applicants must outline steps the State will take to ensure that the lessons learned as well as promising practices which are identified through the grants will be applied in a manner that

enhances the system's ongoing capacity to assist individuals with disabilities to avoid unnecessary institutionalization and to respond with timely alternatives.

Those States awarded grants will work with Federal partners to coordinate sources and types of data that shall be collected during the grant process and reported as part of Grantee quarterly and final reports

(e) Partnerships*:* The success of the nursing facility transition program will be enhanced significantly by the development of partnerships. Partnerships can be with the individual, the individual's family and significant others, consumer directed agencies, advocacy groups, Independent Living Centers (ILCs), Public Housing Authorities, other State and local agencies, and the State legislature.

Applicants must describe the partnerships that assisted the State Medicaid/HCBS agency in the development of the State's proposed project, the identification of needed infrastructure, and the design of the care system. Describe any partnership with other Federal, State or local agencies whose services are part of the continuum of services and supports necessary to enable those leaving nursing facilities to lead meaningful lives in their own communities. For example, the availability of accessible, affordable housing may be a major determinant of project success. Another example of a partnership would be developing a permanent working relationship with one or more Area Agencies on Aging, a nursing facility ombudsman program, or an organization with local membership, such as a national mental health organization.

Applicants must include the process or method by which nursing facilities and rehabilitation facilities will be involved in establishing goals for the proposed program, and the extent to which ILCs and other consumer-driven agencies will be enlisted in helping to identify and provide peer counseling and other services and supports to potential candidates for community transition.

(f) Inclusion of Housing Agencies: A lack of affordable housing has been identified by previous grantee States and other stakeholders as a major barrier to the transition from nursing facilities. Applicants for the State Program Grants must describe how they propose to address this barrier. Strategies may include the utilization of other HUD initiatives or public private partnerships intended to improve housing availability, accessibility etc. Applicants might, for example, provide in the application a Memorandum of Understanding or a similar agreement (or intention to do so) between the State Medicaid agency and participating PHA(s) describing the specific roles, responsibilities, and activities to be undertaken by the parties. Applicants should explain how Medicaid agencies and PHAs would seek out and coordinate with other resources, both public and private, within their States and communities to ensure the success of this initiative.

(g) Budget and Resources: In the application for grant funding, the State must include a budget projection that includes costs for both administrative and services activities. The budget information should be accompanied by or parallel the narrative description of the activities for which grant funding will be used. Include a discussion of how the State activities will support the 5

percent in-kind match requirement (see below). Also include a detailed description of the staff and other resources that will be utilized to design, implement, and assess the program.

We encourage States to explore and develop flexible funding arrangements that would allow a shift from institutional care to home and community-based services, thereby enabling adequate funding to follow the individual.

D. Independent Living Partnership Grants for Nursing Facility Transitions

We hope the "TRANSITIONS" program will foster the development and sharing of innovative and effective methods to eliminate the barriers that prevent beneficiaries from living independently in a community residence. Through this initiative, the Federal government seeks to encourage the coordination of health and long term support services, community housing resources, consumer organizations (such as Independent Living Centers) and other resources over the coming 5 years to better assist individuals with disabilities make appropriate transitions from institutions into integrated community settings.

Independent Living Centers, by virtue of both their expertise and inclusion of multiple age and disability groups, can serve as an important resource in the overall effort to improve community systems.

The purpose of the Independent Living Partnership grants is to capitalize on the expertise of Independent Living Centers (ILCs) to develop outreach, provide technical assistance, and supplement the States' infrastructure needed to make the nursing facility transition initiatives successful. This includes assistance to relevant State agencies in identifying and supporting eligible nursing facility residents who desire community residence.

The Independent Living Partnership grants are targeted to Independent Living Centers (ILCs) recognized under State or Federal law. Independent Living Centers and similar consumer directed agencies possess an often untapped source of knowledge, expertise and commitment for identifying and supporting people with disabilities who want to move out of nursing facilities. A growing number of these organizations are already developing expertise and resources in assisting people with developmental, physical and psychiatric disabilities to make new lives for themselves in their own communities by providing needed home modification and supports. Still other consumer-directed organizations would like to develop this expertise and could benefit from partnering with or receiving technical assistance and supports from ILCs and others that are leading the way in this area.

1. ***Funding Available:*** While there is no minimum grant amount, we expect the Independent Living Partnerships to range from $160,000 to a maximum $600,000, and average $200,000. We expect to award 6-8 grants for a total of $1-$2 million.

2. ***Target Groups:*** All activities of the ILC Partnerships are directed toward the same target populations as the State program grants. Successful independent living centers will be those that include multiple age and disability groups within the scope of their activities and evidence effective partnerships with other consumer-directed organizations to create cross-disability competence.

3. ***Examples of Activities for Independent Living Partnerships:*** We are interested in funding proposals from Independent Living Centers that would encourage and fund consumer controlled organizations to:

   (a) Actively participate in local or statewide initiatives aimed at identifying, providing outreach and education, helping to support the transition and providing on going assistance to people with disabilities wishing to move out of nursing facilities, for example, building working relationships with 1915(c) programs;

   (b) Enable ILCs or other consumer directed groups that have a successful track record of nursing facility transition to provide expert consultation to other ILCs, States and others on a regional basis;

   (c) Develop a cadre of community living specialists -- paraprofessionals with and without disabilities who would help individuals identify and access necessary services and supports to live in their own communities;

   (d) Spur the start up of personal assistance cooperatives, peer support programs, registries and intermediary services organizations owned and controlled by people with disabilities, families of children with disabilities and community services workers; or

   (e) Otherwise address the dual need to improve the wages, benefits and career prospects of community services workers while increasing the choice and control people with disabilities have over personal assistance and supports which make their lives possible.

   (f) Develop public-private partnerships that will create the systems, resources, and management capability to provide help with accessibility, home furnishings, security deposits or housing down-payments, and similar one-time expenses that must be addressed in successful transitions to the community; and ensure that such capacity remains in place beyond the "TRANSITIONS" grant.

4. Areas of Special Note in the Application for Independent Living Partnerships:

The applicants must include in the proposal for the Independent Living Partnership grant:

(a) The Applicant Entity

The Application must include a description (including organizational information) of the entity applying for the Independent Living Partnership grant. This would include: the entity's relevant experience and commitment to nursing facility transition alone and in partnership with other agencies and individuals; any indications of support from stakeholders of the ILC for this particular

organization to assume the role defined in the Application; reasons that other States and relevant stakeholders, including the Federal government, would benefit from activities and the resulting outcomes from this entity; and what overall added value this entity would bring to nursing facility transition.

Successful Independent Living Centers will be those that demonstrate the inclusion of multiple age and disability groups within the scope of their activities and evidence effective partnerships with other consumer-directed organizations to create cross-disability competence. Applications from ILCs must have the support of the State Medicaid agency or the State agency administering the relevant home and community-based waiver(s) under Section 1915(c) of the Social Security Act.

(b) The Independent Living Partnership Proposal

The Application must address:

- The proposed Partnership goals and how this will assist the State and Federal governments with the goals of Nursing Facility Transitions/Access Housing ("TRANSITIONS");
- The process for organizing a consortia of individuals or organizations representing the various groups that might assist in nursing home transition (including groups representing persons of various ages and disabilities, such as mental health, developmental disabilities, physical disabilities, elderly, etc.);
- A detailed plan of specific activities to be conducted by the Partnership and the resulting events or products to be generated (including conferences and/or gatherings held, literature produced, tools for providers/consumers/State agencies/Federal agencies to utilize, outreach/education products, participation in other National activities, etc.);
- A detailed budget proposal and timeline for each of these activities. Include descriptions of staff involved in the project.

II. Community-integrated Personal Assistance Services and Supports With Maximum Consumer Control

Maximizing Individual Control of Personal Assistance Services for Children and Adults of Any Age Who Have a Disability or Long Term Illness

Sponsored By:

Health Care Financing Administration (HCFA)

A. Overview

Personal assistance is the most frequently used service supporting individuals with a disability or long term illness to live in the community. Many states have taken a leadership role in designing systems that not only offer the basic personal assistance services but also make that service available in a manner that affords consumers maximum control over whoworks on their behalf and how services are provided. These grant funds will be used by States to develop infrastructure to provide services that are consumer-directed or offer maximum individual control.

Congress has expressed its desire that this particular solicitation be focused on community-integrated personal assistance strategies designed to offer maximum consumer control. Personal assistance projects that are agency-based without orientation to maximizing consumer control should be submitted under another appropriate but separate grant solicitations.

B. Background: "Community-Integrated Personal Assistance Services and Supports" Grants

As States have sought human service strategies that are more cost-effective and which resonate with the general preference of American people to direct and be responsible for their lives, they have increasingly turned to concepts of individual self-direction and self-management of services. Over the past 20 years, Federal and State governments have worked together to expand the ways Medicaid can support the principle of individual choice, control and responsibility. States and consumer-directed, community-integrated organizations have undertaken many initiatives to demonstrate approaches to maximize self-determination. Examples of these initiatives include: the Self-Determination Project for People with Developmental Disabilities (sponsored by the Robert Wood Johnson Foundation), the Department of Health and Human Services' Cash and Counseling program; and the Independent Choices demonstration.

These initiatives have identified certain essential elements of a self-determined or self-directed approach to organizing and delivering services. Key elements include:

- Consumer authority and responsibility over decisions regarding the development of an individual budget that supports implementation of the individual's plan of care;
- Control over one's own individual planning process and, in particular, decisions affecting the nature of the services and supports one receives and how they are delivered; and
- The support necessary to ensure that the individual is able to personally manage services received and to make informed choice, based on comprehensive information about available options, including individually customized services and supports.

We believe that the concepts of self-direction or self-determination can help States to (a) offer services that are cost-effective, and (b) offer eligible individuals the opportunity, support, and authority to exercise more choice and more responsibility over key decisions in their lives. For such approaches to succeed, however, the individuals (and their legal representatives, when appropriate) must be equipped with the information, tools, and supports needed to manage the selection and provision of services or supports that meet their unique needs.

Much of the attention in national self-determination discussions has centered on ways in which consumers may gain control of key service decisions that help shape the fabric of their lives. Less clarity is present with regard to the continued responsibility of public programs to provide an environment within which individual choice and individual responsibility may flourish.

Examples of some of the difficult questions that may be addressed by the "Community-integrated Personal Assistance Services and Supports" grants include how we as public agencies may:

1) Ensure that self-direction does not mean abandonment;
2) Ensure that consumers have an adequate supply of capable and committed personal assistants from which to choose;
3) Make sure that emergency back-up personal assistants are available;
4) Ensure that quality assurance includes the assured presence of an infrastructure that makes consumer satisfaction and timely problem resolution a probability rather than a possibility;
5) Ensure that individual choice is maximized without undue risk;
6) Appropriately support and/or provide required personnel activities (including wage withholding, etc.); and
7) Provide information and back up for consumers (functioning as new supervisors of an employee) needed to carry out their supervisory duties effectively (e.g., training, etc.).

C. Funding

Grants totaling about $5-8 million will be available to support States' efforts to improve community-integrated personal assistance for children and adults of any age who have a disability or long term illness. Depending upon the number and quality of proposals received, we expect to fund approximately 9 to 12 projects.

The Congress has not specified a minimum grant award. However, we expect funding to range from $150,000 to $1.0 million for the project period with an average award of $600,000. No award over $1.2 million will be made. The size of the grant award will correlate with the significance of the proposed endeavor rather than with the size of the State.

D. Target Groups

The State may select any or all target groups of individuals who have a disability or long term illness and require community-integrated personal assistance, provided such individuals are Medicaid-eligible or are judged by the State to be within six months of Medicaid eligibility. While there is no beneficiary age or target group restriction, we expect all applications to address the question of how individuals with the most severe disabilities may benefit from system improvements that will be promoted by the "Community PASS" grant.

E. Definitions Used Here

Under this grant solicitation the term "Personal Assistance Services" is used, but the terms "Attendant Services", "Attendant Care", or "Personal Care Services" could be substituted and refer to the same service. The definition used for this grant solicitation can be found under 42 CFR 440.167 unless a State has defined it differently under an approved home and community-based waiver granted under 42 CFR 441 Subpart G. This definition is intended to include any age and disability group provided that the services meet the definitions described above.

Under this grant solicitation the term "Maximum Consumer Control" means the opportunity to exercise choice over key aspects of personal assistance services commensurate with the consumer's preferences, and willingness and ability to exercise control and responsibility. Examples of key aspects include:

- Qualifications of personal assistance service workers;
- Methods of worker recruitment;
- Training (and methods of training) of personal assistance service workers;
- Learning opportunities for consumers and/or family members or consumer representatives in skill areas such as recruiting, hiring, conflict resolution and supervision;
- Type, array, and frequency of personal assistance;
- Manner and location of service delivery;
- Opportunity to function as the employer of the personal assistance service worker even where payroll activities are not performed directly by the consumer.

"Maximum Consumer Control" does not necessarily mean that the only projects that will qualify are ones in which funds are cashed out to consumers. States may employ a great array of models in which consumers exercise control. We explore this issue further below.

F. Examples and Implications of Consumer Control Models

States have invented many different approaches to fulfill the goal of optimizing consumer control. A few examples (but not all possibilities) include:

(a) Budget and Service Responsibility Models: In these models consumers (or their families) are responsible for managing both funds and services for one or more key services.

(b) Service Responsibility Models: In these models consumers exercise responsibility for key decisions in the management of one or more key services (such as hiring and supervising workers and functioning as the employer of personal assistance workers), but are not responsible for directly managing funds.

(c) Service Choice Models: In these models consumers exercise choice over key aspects of a service but do not assume responsibility for either funds or supervision and management. Examples of such key aspects might include selection or assignment of workers, decision-making over the schedule, location, and manner by which services are provided.

In their contracts with providers, counties, or managed care entities, some States specify that certain of these models must be offered to consumers, subject to the consumer's willingness and capability to carry out the necessary functions if provided with adequate support. The State then enacts procedures, regulations, technical assistance or laws that make it feasible for a local program to offer these options. For example, it may be necessary to enact special provisions that clarify how unemployment compensation protections, tax payments, and emergency back up will be applied in those situations where the consumer functions as an employer.

Some States are testing integrated long term support models that combine home and community based services waivers (§ 1915(c) waivers) with managed care authority (§ 1915 (b) authority) for the regular Medicaid State Plan services. In such cases the State might consider "nesting" a consumer control model within the larger contract. For example, the State might specify in its contract with the managed care entity that one or more types of consumer control models be offered within the context of the larger managed care program.

Below are some additional observations about the different consumer control models that may be useful as you consider your grant application.

(a) Budget and Service Responsibility Models: These models represent one end of the direction and control spectrum. The programs identify a cash amount that will be managed by the consumer (or family), and the consumer is then responsible for the management of

such funds. Use of Medicaid funds for such a purpose requires a section 1115 research and demonstration waiver. A number of States currently have such a waiver as part of a national research and demonstration effort. One example is the "cash and counseling" demonstration. Another example is the Consumer Self-Direction demonstration projects. Information about these demonstrations may be obtained from the HCFA web site (www.hcfa.gov).

In many of the self-direction models, consumers are responsible for most, or all, of the budget for their long term support services. In other "budget responsibility" models, consumers are responsible for the budget for one or two services over which they express the greatest desire to assume control and responsibility, such as personal assistance services.

Programs in which consumers or their families assume responsibility for managing a service budget require a fairly high degree of sophistication on the part of the consumer, the local service delivery program, and the State. For example, the State must develop an effective system by which tax laws, unemployment compensation, fiscal agent responsibilities, and similar matters will be addressed. Appropriate roles between professional staff and consumers need to be redefined and reinforced. Infrastructure to support consumers in their exercise of new management responsibilities must be developed. Such infrastructure might include skills development support, recruitment of workers, assistance with worker vetting, background checks and selection, emergency back-up support, etc. The rewards for this type of program can be substantial. Because a considerable amount of up-front investment in the infrastructure is required, this type of endeavor may be an appropriate candidate for a grant application.

Any model that involves management of money on the part of consumers, spouses, or parents of a minor will require a section 1115 waiver. We therefore suggest that States make sure that any such grant application:

1. Incorporates at least one full year of necessary infrastructure development activities before any activity is planned that will rely on waiver approval, and
2. Includes a contingency plan demonstrating how it the project will be viable and will maximize consumer control if the State is not successful in being able to meet the conditions necessary for a section 1115 research and demonstration waiver.

(b) Service Responsibility Models: In their section 1915(c) home and community-based service programs many States employ a system in which a public entity or a fiscal agent performs payroll and related functions at the direction of each consumer, but the consumer recruits, selects, and provides supervision for the workers. In some models the consumer functions as the legal employer. In other cases an agency functions as the legal employer but the consumer assumes major responsibilities and decision-making authority within broad agency parameters.

The State infrastructure challenges in these models are very similar to the challenges faced by States that employ the budget responsibility model, with some key differences: (a) the mechanics of individualized budgeting are less daunting, (b) consumers who do not want money management responsibility but do want to exercise service control may find this model to be a better fit, and (c) no waiver is required from HCFA to use Medicaid funds in this manner (either State plan or home and community-based services).

(c) Service Choice Models: In these models the personal assistance worker is employed by another party (e.g. agency) but consumers exercise choice over key aspects of the service. Examples of such key aspects might include selection or assignment of workers, decision-making over the schedule, location, and manner by which services are provided.

G. Use of Funds in "Community PASS" Projects

In general, the "Community-Integrated Personal Assistance Services and Supports" grants must be used by the States to develop personal assistance systems that maximize individual choice and control.

Please refer to Appendix Three for examples of some specific ways in which funds may be used. These are only examples. They are not intended to limit State or local creativity. Applicants have exceptional flexibility in the use of funds but should be guided by three questions:

(a) To what extent will this activity promote an enduring improvement in the infrastructure to support consumer-directed, community-integrated personal assistance services and thereby advance the purpose for which these grants were made?
(b) To what extent will this personal assistance strategy actively promote the ability of people to live in a community-integrated setting?
(c) To what extent will this design of personal assistance services promote the maximum ability of individuals to direct the services upon which they rely?

Please see Appendix Five for a description of prohibited uses of funds.

H. Direct Services

Applicants may elect to use no more than 20 percent of the total grant funds for direct services provided that all of the following criteria are met:

- The Applicant has a feasible plan for continuing the direct services after the grant period;
- The provision of direct services is part of an organized demonstration intended to provide the State with information needed to make the service(s) available on a systematic basis after the grant period. For example, such activities might include:
  - Demonstrating the efficacy of the direct service;
  - Collecting data on the cost, utilization and/or appropriate use of the service in question or to construct necessary cost models or cost parameters; and
  - Assessing the adequacy and quality of services being provided and impact on the individual's quality of life.
- The Applicant assures that the services are not currently available through other funding sources and that current funding sources have not been supplanted or diminished by use of the grant funds.

If the State is planning to apply for funds for direct services under multiple "Systems Change" grant opportunities, the Application should include a discussion of any proposed coordination and non-duplication of these services.

III. REAL CHOICE SYSTEMS CHANGE GRANTS

To Improve Health and Long Term Care Service Systems and Supports for People with Disabilities and Long Term Illness to Live in the Community

Sponsored By:

Health Care Financing Administration

A. Overview

The Health Care Financing Administration (HCFA) is inviting proposals from States and others, in partnership with their disability and aging communities, to design and implement effective and enduring improvements in community long term support systems. These systemic changes will be designed to enable children and adults of any age who have a disability or long term illness to:

(a) Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
(b) Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use and the manner by which services are provided; and
(c) Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

B. Background

Across the country States are actively working with their citizens to strengthen communities and enable people of any age with a disability or long term illness to reside in their own homes and take part in all facets of family and community life. In making such broad-based systemic improvements, States are responding to the desires of most Americans who wish to live and participate in their community despite the presence of disability or long term illness.

By improving their community long term support services, States are also fulfilling the vision of community access that became the law in 1990 through the Americans with Disabilities Act.

Medicaid and other home and community-integrated services play a vital role in enabling people of any age with a disability or long term illness to live in their own homes and participate in their communities. Because States face significant challenges, the Congress appropriated funds for a new grant program to assist States and the disability and aging communities as they work together to

find viable ways to expand and improve necessary community services and supports.

In the past twenty years States have substantially expanded home and community-based services. For example, Medicaid HCBS waivers, home health, and personal assistance accounted for 10% of the total Medicaid long term support expenditures in 1988. In 1998 they accounted for 28 percent. A number of problems are evident, however. For example:

Problems of Expansion: Recruitment, retention, and career support for frontline workers is an example of one severe problem confronting States and service providers as they attempt to serve more people.

Expansion Does Not Always Equal Improvement: While more people may be served, the adequacy, the quality, and the practical choices available to users of those services has not necessarily improved. While more people may be served, the opportunities for community presence and participation, the interface with the informal caregiver system and generic community supports, and the support for individuals to sustain valued social and economic roles in the community have not necessarily improved. While more people may be served, the simultaneous increase in the general population needing assistance also means that expanded service capability has not necessarily translated into a lower probability of institutionalization.

Infrastructure: The State and community capacity to design, organize, implement, and manage services effectively is clearly strained. The expansion of HCBS programs in the past twenty years also coincided with a general downsizing of government relative to its responsibility. In States where this occurred without a corresponding increase in capacity for effective public-private partnerships, ability to manage a competent outsourcing program, or other methods of ensuring adequate management and oversight, the system is particularly challenged. Investments in the development of such public-private partnerships and other management capability can effectively address this problem.

Quality Assurance and Quality Improvement: Nowhere is the challenge faced by States more evident than in designing and maintaining an effective quality assurance and quality improvement system for community-based services. This is not simply a challenge of quantity, a challenge of serving more people. It is also a challenge of discerning newer, more cost-effective and consumer-oriented models of quality assurance.

The dominant approach to quality assurance in long term support derives from institutional care where inspection-enforcement models are used. In residential settings where individuals are congregated in environments managed by an agency, inspection models are expensive but more feasible than in community services. Where individuals are supported throughout the community, and live in their own homes rather than agency homes, inspection-based models have additional limitations. In addition, considerable evidence exists that after-the-fact inspection approaches have significant shortcomings in both cost and outcome effectiveness. And in the private sector, quality improvement strategies that invest in quality on the front end of service production have yielded higher quality than ever before. The opportunity for us is to adapt, invent, and implement effective quality assurance or quality improvement models that are particularly well suited to community living.

C. Funding

We expect to award about $41-$43 million in grants to States under this grant solicitation. Additional activities related to the "Real Choice Systems Change" grants include the $50,000"Starter Grants" announced by Secretary Thompson on February 25, 2001 and the National Technical Assistance efforts described later in this document. A separate research and evaluation project which is not a part of these solicitations will be awarded separately.

Congress did not specify any minimum grant award. However, we expect awards under this solicitation to range from $250,000 to $3.5 million for the project period, with an average award of approximately $1.0 million. No award over $3.5 million will be made. No State cash match is necessary. However, a contribution from the Grantee of 5 percent, is required (e.g. via in-kind or third-party contributions). The size of the grant award will correlate with the significance of the proposed endeavor rather than with the size of the State.

D. Target Groups

We encourage States to adopt very broad-based system improvements that will benefit any or all of the major target groups of children and adults of any age who have a disability or long term illness. However, States may select any or all target groups of individuals who have a disability or long term illness and require community-integrated services. While there is no beneficiary age or target group restriction, we expect all applications to address the question of how low-income individuals with the most severe disabilities or illnesses may benefit from system improvements that will be promoted by the grant.

E. Use of Funds

States have exceptional flexibility in selecting the type of investments that they judge will yield the most significant improvement in the State's community-integrated service system. Examples of such uses are provided, for illustration purposes only, in Appendix Four.

The key question to be asked regarding any proposed activity is: Will this activity promote an enduring systems improvement expanding the choices of people of any age with a disability or long term illness to live in the most integrated community settings and participate in their communities?

By "enduring system change" we mean that the infrastructure and capacity of the community long term support system is so effectively enlarged that, long after the grant funds are fully expended, people with a disability or long term illness will still experience a substantially greater opportunity for community living and participation than existed previously.

We expect that planning for positive systems change will be characterized by:

- Competency in obtaining real-world information from people who rely on long term support services, and effective consumer involvement in all aspects of the service delivery system (such as through the consumer task force);
- Effective public/private collaboration;
- Effective coordination among the broad range of service providers and Fiscal Intermediaries;
- Increased commitment to continuous improvement in the quality of care and services provided;
- Increased flexibility to accommodate both the unique needs of the persons with disabilities and long term illnesses and the unique needs of the State.

Proposed enduring systems change activities should result in improvements to at least one of the following areas:

(a) ***Access:*** To what extent can we make our long term support systems simple, understandable, comprehensive, flexible and fair? To what extent can we ensure that people who need help have the right information at the right time to make key life decisions, to manage their services, and to manage their conditions or disability for the most positive outcomes possible? To what extent can we ensure that people have timely access to needed services that are appropriate, effective, and user-responsive? To what extent can we ensure that the formal service system promotes community participation and supports each individual's access to community resources and activities (such as access to libraries, employer worksites, houses of worship, community public transportation systems)?

(b) ***Availability And Adequacy of Services:*** To what extent can we ensure that services are adequate in terms of the amount available, the type and scope of services, and the time period or frequency of services?

(c) ***Quality of Services:*** To what extent can we ensure that services achieve the outcomes desired and are provided in a manner that meets with the consumer's expectations and preferences? To what extent can we ensure that there exists an effective quality assurance and quality improvement system in place that:

1. Obtains real world data in real time regarding consumer experiences with the service system;

2. Identifies problems in service delivery or service design in a timely manner;

3. Effectively ensures that the data are used to make prompt corrections or improvements;

4. Transmits the relevant data to workers and those managers who will act on the information; and

5. Rewards continuous improvement in service quality and value at all levels?

(d) ***Value:*** To what extent can we ensure that investments in services yield the highest value possible? We might think about this in terms of three dimensions:

1. Service Value: To what extent will our purchases yield the most outcome from the service for each dollar spent? This is often called "value-based purchasing" or "cost-effectiveness."

2. Individual Value: To what extent will our public purchases promote the health and wellbeing of individuals, and promote dignity, independence, individual responsibility and choice, and self-direction?

3. Community Value: To what extent will our public purchases support the larger community capacity to enable people of any age and disability to live and participate in the community? To what extent will the formal or the professional service system support informal caregiving by family, friends, and neighbors?

F. Direct Services*:* The primary function of these grants is to improve State and community infrastructures; that is, to establish or build the enduring capacity to provide all of the long term services and supports the consumer needs within the community in the most integrated setting appropriate. However, we also appreciate how the occasional demonstration of direct services can aid decision-making that will make the direct service a permanent feature of the service landscape. Examples might include home modification demonstrations, more consumer-responsive transportation solutions, assistive technology pilot projects, accessibility modifications with ADA-exempt organizations, new medication management pilots, etc. While we do not encourage use of grant funds for direct services, Applicants may elect to use no more than 20 percent of the total grant funds to do so - provided that all of the following criteria are met:

- The Applicant has a feasible plan for continuing the direct services after the grant period;

- The Applicant provides assurance that the services are not currently available through other funding sources and that current funding sources have not been supplanted or diminished by use of the grant funds.

- The provision of direct services is part of an organized demonstration intended to provide the State with information or tools needed to make the service(s) available on a systematic basis after the grant period. For example, such activities might include:
  - Demonstrating the efficacy of the direct service;
  - Collecting data on the cost, utilization and/or appropriate use of the service in question or to construct necessary cost models or cost parameters;

- Assessing the adequacy and quality of services being provided; and
- Developing the needs assessment criteria or instruments that will permit appropriate targeting of the new service.

Note: This blank page was purposely inserted.

IV. The National Technical Assistance Exchange for Community Living

Promoting Knowledge and Learning About Services That Support Community Living for Individuals of Any Age Who Have a Disability or Long Term Illness

Sponsored By:

Health Care Financing Administration (HCFA)

A. Overview

The Health Care Financing Administration (HCFA) is providing a set of major grants to States and their partnering organizations to improve this nation's community-integrated long term support system. The grants will help children and adults of any age with a disability or long term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and preferences;
- Exercise meaningful choices about their living environment, the providers of services they receive, and types of supports they use, and the manner by which services are provided; and
- Obtain quality services arranged in a manner as consistent as possible with their community living preferences and priorities.

We seek to maximize the opportunities afforded by individual grants to States and other Grantees with a national system of technical assistance. The " National Technical Assistance Exchange for Community Living " Grant ("the Exchange") will enable States, communities, grantees, consumers, providers and others to learn quickly from each other. It will establish effective dialogue among experts (including consumers and their families) from across the country. It will ensure that information about promising practices is widely and quickly available. It will ensure that the lessons learned in the course of grantee innovations are quickly analyzed and communicated, and it will thereby ensure that we obtain the greatest national benefit from the sum of individual, local efforts.

We expect that the Exchange will secure such benefits through activities that include:

- Fostering on-site State-to-State technical assistance;
- Developing technical assistance materials;
- Developing or providing expertise for States and children and adults of any age with a disability or long-term illness;

- Working with individual States, national associations of State agencies, consumer organizations, the National Governors' Association, the National Conference of State Legislatures, and others to collect, refine, and disseminate information that aids in the effective administration of programs for community living; and
- Developing, gathering, analyzing, and disseminating practical information.

B. Background

Effective models of long term support abound in this country. New innovations are being tested every year. Yet they are not widespread, and the practical knowledge needed to make significant improvements in our Nation's long term support system is often unshared.

State and local staff inventing better models of long term support generally labor against the odds. News of the improvements that they are able to accomplish too often fails to penetrate the organizational boundaries so that other people who could make immediate use of their knowledge. The barriers of distance, attitude, or budget often limit the extent to which staff in one State can learn from others. In addition, many States have travel restrictions that severely limit the opportunity for face-to-face interactions that are often necessary for an adequate inquiry and understanding of new methods of providing services.

Timely access to needed expertise is frequently absent on the part of busy legislators, Governors, program administrators and other people who are in a position to make system improvements. Those with practical "how to" knowledge are generally too busy to write up the results of their work, and academicians with time and support to write frequently work at considerable distance from the practical steps by which noble vision becomes actual accomplishment. People with the greatest depth of knowledge about the actual workings of the system - consumers and their families - are often not afforded the opportunity to share their knowledge and expertise with the people who can make systems change.

A National Technical Assistance Exchange for Community Living grant should effectively address the above problems. The goal of this grant is to provide ways in which the States, communities, providers, consumer groups, Grantees and others can learn from each other, share effective practices, gain timely access to needed expertise, and disseminate the lessons learned so that all States and stakeholders may benefit.

C. Funding

We expect to award a single grant totaling $4-$5 million for the entire technical assistance effort for the grant period. HCFA reserves the right to offer a funding level that differs from the requested amount, and to negotiate with the Applicant with regard to the appropriate scope and intensity of

effort that would be commensurate with the final funding level. We also reserve the right to fund more than one Applicant for different subject areas if we find that the overall program of national technical assistance would be better served by using the specialized expertise of different Applicants rather than a single Applicant.

The Exchange would work with HHS, HUD and others to reach out to national, State, and local partners to engage a wide range of resources in the effort to create enduring changes to long term community supports and services.

The Exchange should provide assistance in the following areas:

Topic Areas	Percent of Effort
Real Choice Systems Change	65-75%
Community-integrated Personal Assistance Services and Supports	15-20%
Nursing Facility Transitions	20-25 %
TOTAL TECHNICAL ASSISTANCE	100%

D. Users and Target Groups

The primary audience for this technical assistance will be individuals and groups at the State level who are in a position to accomplish enduring improvements in the system of community-integrated, long term support and services. This includes State agency leadership and staff, Governors and staff, legislators and staff, leadership of State consumer councils, and statewide constituency groups. A second audience for the assistance will be community, provider and advocacy organizations that are actively involved in the State's system improvement efforts.

E. Competencies of Qualified Applicants

The Applicant's proposal must demonstrate expertise in the design and management of community-integrated services that support children and adults of any age to live and participate in their communities. This includes knowledge of community services and community living preferences for all of the following groups: people who are elderly and people who have a physical disability, mental illness, severe emotional disturbance, developmental disability, and/or brain injury. The required knowledge and expertise must be sufficient to design and implement an effective technical assistance program in each of the grant areas identified above (Real Choice Systems Change, Nursing Facility Transitions, and Community PASS).

We do not expect any one organization to possess all required expertise for all target groups. We do expect that a successful Applicant will demonstrate the commitment of a significant number of highly knowledgeable individuals and organizations that will round out the host organization's expertise. We will review the application in light of the totality of such a network. How the network is accomplished, whether by virtue of subcontracts or by memoranda of understanding for example, will matter less than the fact that all required areas of expertise can be furnished in a capable and timely manner.

F. Major Deliverables

Listed below are five sub-headings of the mandatory and discretionary activities the Exchange must provide to States and Grantees under this solicitation. Included under each sub-heading are examples of required and possible activities.

1. Training

Background: The Exchange must design and carry out methods of ascertaining areas in which States could benefit from assistance. The organization must be able to coordinate, facilitate, and provide training and other opportunities for information-sharing by Grantees on relevant issues related to systems change efforts.

Required Activities:

(a) Conferences and Seminars: Conduct a minimum of one national conference per year during the grant period. Conduct additional workshops or seminars on key issues.
(b) Resource People: Make available to States a roster of experts or knowledgeable resource people who can provide assistance, without charge to the State, with regard to key issues of design or implementation for improving the community services system. People with a disability or long term illness, and/or family members, must be included in the roster.
(c) Teleconferences: Sponsor national or regional dialogues on important issues.

Examples of Other Activities:

(a) Service Provider Training Development
(b) Regional Forums

2. Direct Technical Assistance

Background: The proposal must include the provision of direct technical assistance (one-on-one or small group) and to facilitation of peer-to-peer technical assistance of varying intensity and duration including information and referral, short-term assistance and on-site or longer-term assistance.

Required Activities:

(a) Coordinate and provide, without cost to the benefiting State, at least 20 State-to-State, on-

site, direct technical assistance site visits per year.

(b) Ensure the availability of resources that would defray the expenses of State staff, key State officials, consumer experts, and other resource people to travel to another State and provide direct assistance.

(c) Develop training curricula on key topics.

(d) Develop a system through which resource people or temporary staff assistance may be available on-site to State projects for 3-18 month periods to the State under a contract through which the State pays for all or a portion of the staff costs. The temporary staff assistance should be available on a continuous full or part-time basis for the 3-18 month duration.

Examples of Other Activities:

(a) Provide information and referral to States, Grantee organizations and other stakeholders through a toll-free telephone line, e-mail, web site, etc.

(b) Conduct a needs assessment of States and Grantee organizations and assist them in long-range strategic planning.

(c) Facilitate direct peer-to-peer site visits, workshops, moderated teleconferences and interactive Question & Answer sessions.

(d) Conduct on-site assistance visits; provide speakers on specific subjects to attend State and Grantee organization activities

(e) Provide phone technical assistance, teleconferences, or videoconferences.

(f) Following each significant technical assistance event, post a report highlighting the key lessons learned, innovative programs, and contact information on the Web site.

3. Information Collection and Dissemination

Background: The proposal must include the collection, storage and dissemination of information on key activities undertaken by States and other organizations to improve the infrastructure to develop opportunities for community-living for people of any age with a disability or long term illness.

Required Activities:

(a) Develop and maintain a resource database of individuals and organizations that can offer specified expertise in key areas.

(b) Gather, maintain and disseminate information on grant projects including:

- Areas of grant activities
- Contact information
- Program progress
- Program barriers
- Promising practices
- Links to State and Federal project web sites
- Nature and extent of systems improvements

(c) Web site: The Exchange must prepare technical assistance materials for placement on the

HCFA web site and other internet resource sites. The project must maintain its own internet web site to make information readily accessible to States and to link States with other resources.

Examples of Other Activities:

(a) Research and Resources: Make available informational fact sheets, reports, bulletins, and other documents or links that will be of interest to professionals in the long term service and support field.

(b) Innovative Programs: Provide information highlighting promising practices and innovative approaches.

(c) Policy Analysis: Provide information regarding relevant pieces of legislation and policy affecting long term service systems change efforts.

(d) Events Calendar: Provide lists and description of upcoming events (e.g., technical assistance events, workshops, and conferences) of interest to the systems change community including where to get additional information for each event.

(e) Related Links: Provide the names and live links to organizations that provide relevant online information about long term services and supports systems change efforts.

(f) Literature Search: Complete and maintain a literature search and disseminate a compendium of promising practices, and policy relevant research by topic area. For example, an individual could access relevant literature on self-directed service delivery models or services provided in the workplace.

(g) List Serve: Create a list serve that distributes key information to States, Grantees and stakeholders on relevant topics.

4. Resource Development

Background: The Exchange must also develop and disseminate original materials to assist States in assessing, developing, implementing and analyzing their Systems Change efforts.

Required Activities:

(a) Alerts
(b) Case Studies
(c) Written technical assistance materials
(d) Newsletter

Examples of Other Activities:

(a) Issue Briefs and other publications.
(b) Important statistics (U.S. Census Data, other) and Fact Sheets
(c) Electronic Resource Library/Guides, Toolbox

(d) Reports and evaluations, "How to" articles

5. Progress, Issues, and Barriers

Background: The Exchange must provide input and feedback to HCFA, States and Grantees on the ongoing operations of technical assistance and training activities that may inform future policy decisions with regard to experiences in program development and implementation of systems change efforts.

Required Activities:

(a) Provide input on the impact of laws, regulations, or policies
(b) Identify barriers and issues faced by grantees in their system improvement efforts.
(c) Update HCFA
(d) Complete quarterly and annual reports about the progress of (a) the Exchange and (b) States

Examples of Other Activities:

(a) Collaborate on appropriate special products.
(b) Participate in monthly conference calls with HCFA

G. Project Narrative for The Exchange

The narrative application should provide a well-organized, concise and complete description of the proposed project. The narrative or body of the application must not exceed 40 double-spaced page as described earlier. Please do not rely on appendices to describe key details. Page limits for each section are provided as guides but are not required. This narrative should contain the information necessary for reviewers to fully understand the proposed project and should be organized as follows:

1. Background and Prior Experience (5-7 pages)

- Provide a description of past experiences in working with public and private organizations in developing or improving systems for community living for people of any age with a disability or long term illness, with particular attention to the manner in which such expertise can be extended into the future to accomplish the goals of this grant solicitation.

- Provide a description of past experiences in providing technical assistance and training to various national, state and/or local organizations.

- Assess the challenges that States must address as they seek to build additional capacity to support people of any age with a disability or long term illness to live in the most integrated community setting.

2. Project Description and Methodology (15-20 pages)

a. Goals and Objectives (1-3 pages):

- Describe the primary goals and objectives of the proposed project.

b. Methods of Providing Assistance to Grantees (9-12 pages):

- Provide a description of how the grant funds will be used to provide training, technical assistance, and information collection, analysis and dissemination.

- The proposed activities must include at least one activity from each of the sub-headings listed above under Major Deliverables and be available at varying levels of intensity.

c. Work plan (2-5 pages):

- Include a workplan documenting benchmarks, milestones, timeframes, and responsible parties of the project.

- Include a description of how the Applicant will allocate finite resources from the number and priority of technical assistance and training requests made by States, Grantee organizations and outside parties.

d. Organization, Management and Qualifications (3-8pages):

Describe the project organization and staffing. Each application should include:

- A chart of the proposed management structure and description of how key project staff will report to the proposed project director, the Medicaid Agency, and any interagency or community working groups.

- Description of the sub-contractors or partners to be involved in the grant and receiving funds, their management structure and organization, an outline of the specific tasks to be executed by the sub-contractor or partner and the reporting mechanisms that the State will require of each sub-contractor or partner.

- Brief biographical sketches of the project director and key project personnel indicating their qualifications, and prior experience related to the project. Resumes or curriculum vitae for the key project personnel should be provided as an attachment.

- The mechanism for Grantees to provide input and feedback into the direction and activities of the Technical Assistance Provider.

- Discussion of the organization and partners' expertise and familiarity in the following content areas. The list below is not comprehensive and is not listed in the order of importance:

    1. ADA and *Olmstead* requirements
    2. Barriers to full community participation
    3. Community-based services
    4. Consumer-directed care, person centered planning, and self-advocacy
    5. Consumer and stakeholder involvement
    6. Disability service delivery systems including delivery of services to individuals who have multiple disabilities
    7. Effective case management systems
    8. Improving access to services/ outreach
    9. Information and referral systems and information systems
    10. Integrating housing and services
    11. Integrating long term supports
    12. Medicaid and Medicare guidelines, practices and systems improvements
    13. Models of service delivery and linkages
    14. Nursing facility transition
    15. Program administration and systems for community long term support services
    16. Providing culturally appropriate services
    17. Public- private partnerships
    18. Public and private funding of long term services and supports
    19. Self-advocacy
    20. Service linkage integration: agency coordination, and "one-stop" centers that offer both single point of entry information and assistance and emergency services
    21. Workforce development and training

e. Collaboration, Agreements and Capacity (4-6 pages):

- Describe the extent to which individuals of any age with a disability or long term illness or their representative organizations will be involved as a volunteer, staff members or subcontractor(s), in the planning, implementation and analysis of technical assistance activities.

- Describe the extent to which the Applicant has secured agreements with highly skilled individuals to provide expertise and assistance with technical assistance activities.

- Describe any existing or planned partnerships with key Federal, State, and local constituencies including but not limited to the National Conference of State Legislators, and the National Governors' Association.

3. Significance and Sustainability (1-3 pages)

- Describe how the project activities will aid States in creating significant and enduring system improvements.
- Explain how the particular strengths of the Exchange will promote the sharing and use of very practical information on systems change.
- Explain how the work of the Exchange will establish a firm foundation for systems improvement and for continuing technical assistance to States after the end of the grant.

4. Formative Learning (2-5 pages)*:*

- Describe any methods of collecting feedback or project evaluation and how that feedback will be incorporated into ongoing operations that are feasible and relevant to the goals, objectives and outcomes of the proposed project.

5. Partnerships, Endorsements and Support (2-5 pages not including letters of support):

- Describe any partnership with other organizations that will provide expertise, with the disability and aging communities, service providers, other State or local agencies, and other private entities. Describe how the State has meaningfully involved consumer groups and States in the planning and development of the grant application. Explain how the State plans to continue the involvement of States and consumers in the implementation, monitoring, and evaluation activities.

- Applicants may furnish a set of endorsements of the support and commitments that have been pledged for the proposed project (e.g. disability and aging communities, States, private organizations, and advocacy groups). Individual letters of support should be included as attachments.

6. Budget Narrative/Justification (5-8 pages not including standard forms):

- For the budget recorded on Standard Form 424, provide a detailed breakdown of the aggregate numbers including allocations to each major set of activities or proposed tasks. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. All funds are administered by the designated lead agency and the lead agency is solely responsible for the fiscal management of the funds.

- The Budget should describe how the one (1) percent recipient contribution will be accomplished. This one percent may derive from the contributions of time from consumers or State staff who will serve in an advisory capacity or will donate time to the provision of technical assistance.

7. Required Appendix (1-3 pages not including non-required appendix)*:*

Organizational Charts: Append one or more charts depicting the organizational relationship

between the lead agency for this grant and any partners or subcontractors.

H. Review Criteria and Process for the National Technical Assistance Exchange for Community Living Grant

We will use the following review criteria in evaluating and selecting all Applications for awards for the National Technical Assistance Exchange grant only. ***Review criteria for all other grant applications are described in Appendix Two.*** The maximum score for all of the criteria is 100 points. Throughout these criteria we place emphasis on the ability to provide practical assistance that can significantly aid States in the real-world challenges of designing and implementing system improvements. The criteria are summarized below:

	Topic Area	Brief Summary
1.	**Back ground and Prior Experience**	Explain your past experience and capability. Explain why such experience and capability will inspire confidence that the Exchange will be highly successful.
2.	**Project Description and Methodology**	Describe what you would do, and how. Pay particular attention to the outcomes you will achieve, especially the long term (enduring) improvements.
3.	**Significance**	How significant are the outcomes likely to be? Outcomes may be measured in terms of such factors as the type of assistance that can be provided, the type of systems change that might result, the number of people who will benefit from the systems changes and/or the degree to which they may benefit.
4.	**Formative Learning**	Describe the system you will use to monitor developments, learn from mistakes, and use experiences to improve the system in a timely and effective manner.
5.	**Collaboration, Agreements and Capacity**	Describe the groups and organizations with which you will partner to facilitate system improvements in community services for children and adults of any age.
6.	**Budget Narrative/Justification and Resources**	Explain your budget and discuss why this is a good investment of funds. Also explain the financial or in-kind investments you and your partnering organizations are making to ensure that the project is both successful and significant.

1. Background and Prior Experience (15 points)

a. Prior Involvement/Experience (10 points)

- The extent to which the Application demonstrates the Applicant's significant practical experience in working with States and public and private organizations in developing or improving systems for community living for people of any age with a disability or long term illness.

- The extent to which the Application evidences an understanding of the methods and strategies for providing technical assistance and training to various national, state and local organizations.

- The extent to which prior experience inspires confidence in the ability of the Exchange to provide immediately useful, practical assistance to the target audiences of this grant solicitation.

b. Assessment of Strengths and Challenges in Current System (5 points)

- The extent to which the Application evidences a cogent analysis of the strengths and weaknesses of the current long term services and support systems for community living including the strengths and weaknesses of the current system for accessing needed expertise in a timely and effective manner.

- The extent to which the Application evidences an understanding of the issues and barriers to community living.

2. Project Description and Methodology (30 points)

a. Goals/Objectives

- The extent to which the Application evidences clear goals and objectives that address the weaknesses, issues and barriers described above.

- The extent to which the Application evidences goals and objectives that are both significant and reasonable, goals will be effective in accomplishing the purpose of the grant to maximize community living opportunities and full participation for people of any age with disability or long term illness.

b. Methods of Providing Assistance to States and Grantee Organizations

- The extent to which the Application evidences provision of practical training, technical assistance, information collection and dissemination, resource development and policy feedback in all of the technical areas of this grant solicitation.

- ❖ The extent to which the Application clearly describes logically coherent methods that would be used to provide technical assistance and training to States, Grantee organizations and others.

- ❖ The extent to which the Application evidences methods that inspire confidence that the goals of the proposal will be met through a description of planned activities, timeframes and projected results.

- ❖ The extent to which the Application demonstrates a method of applying appropriate staff or contract expertise to ensure that effective technical assistance can be made available in each of the "Systems Change" grants.

c. Coordination and Linkages

- ❖ The extent to which the Application evidences coordination with other funding sources and consumer and professional associations engaging in similar efforts.

- ❖ The extent to which the talent and expertise of individuals with a disability or long term illness will be used effectively in the provision of technical assistance activities (e.g. training, mentoring, etc.)

- ❖ The extent to which the Application evidences sufficient linkages with subcontractors or partners whom possess the knowledge, skills and expertise to assist in the project.

d. Workplan

- ❖ The extent to which the Application includes a workplan that documents reasonable and significant benchmarks, milestones, timeframes, and identifies the responsible parties to accomplish the goals of the project.

e. Organization, Management and Qualifications

- ❖ The extent to which the Application addresses any significant circumstance(s) that would effect the ability of the Applicant to recruit and hire staff for the project and/or subcontract with other entities as deemed necessary.

- ❖ The extent to which the Application evidences that key staff, stakeholders and partners (direct and in-direct subcontractors) are qualified and possess the experience and skills to design, implement and evaluate the proposed project within the available time frames.

- ❖ The extent to which the Application evidences that key project staff have professional experiences with people of any age with a disability or long term illness.

- ❖ The extent to which the Application evidences that project staff have experience in providing technical assistance, training, and information collection, analysis, and dissemination.

- ❖ The extent to which the Application addresses the ability of the Applicant to utilize and interact with various forms of information technology.

3. Significance (20 points)

- ❖ The extent to which the goals and objectives specified in the Application will assist States, Grantee organizations and Federal partners in the goal of maximizing opportunities for community living for people of any age with a disability or long term illness.

- ❖ The extent to which the Application describes a project that will provide considerable assistance to States, Grantee organizations and others through the scope and breadth of proposed activities as measured by the extent or range of project activities, the numbers served, the types of services available, and the comprehensiveness of the proposed project.

4. Formative Learning (10 points)

- ❖ The extent to which the Application has methods of information gathering, analysis, and evaluation that are feasible and relevant to the goals, objectives and outcomes of the proposed project, in order to gain timely insight into systems change strategies that work and the types of technical assistance that have the most impact.

- ❖ The extent to which the Application incorporates feedback from the project into ongoing operations.

5. Collaboration, Agreements and Capacity (15 points)

- ❖ The extent to which the Application evidences meaningful involvement of States and Grantee organizations' staff in all stages of the analysis, planning, implementation and evaluation activities.

- ❖ The extent to which the Application evidences meaningful involvement of key constituencies in the design implementation and evaluation of the project activities.

- ❖ The extent to which the Application promotes valued social and economic roles for people of any age with a disability or long term illness by including their talents and expertise in the project (e.g., governing board members, consultants, staff, mentors, peer counselors, trainers, etc.).

- ❖ The extent to which the Application promotes partnerships with organizations representing people of any age with a disability or long term illness or their families.

- ❖ The extent to which the Application describes partnerships with public and private organizations that possess expertise in working with people with a disability or long term illness and developing community living opportunities.

6. Budget Narrative/Justification and Resources (10 points)

- ❖ The extent to which the proposed budget is reasonable in relation to the objectives, design, and significance of the achievements that are proposed.

APPENDIX ONE: FORMAT AND CONTENT OF THE APPLICATION

I. Format of the Application

Each Application must include all contents described below, in the order indicated, and in conformance the following specifications:

- Use white paper only.
- Use 8.5 x 11" pages (on one side only) with one inch margins (top, bottom and sides). Paper sizes other than 8.5 x 11" will not be accepted.
- Use a font not smaller than 12-point and an average character density not greater than 14 characters per inch.
- Double-space all narrative pages (no more than 3 lines per vertical inch).
- No more than 40 pages for the narrative portion, excluding budgetary information and assurances and certifications.

II. Submitting the Application

A. What to Send

Applicants are required to submit (1) an original and two copies of the application and (2) a 3 ¼" floppy disk containing at least the narrative and the budget. Although it is not mandatory and does not impact on the scoring of the application, we would appreciate receiving an original and 14 copies of the application.

For the 3 ¼ " floppy disk, please send this information on a standard disk that holds at least 1.44 megabytes and is high density. We prefer that documents be submitted in Microsoft® Word and Microsoft® Excel. However, WordPerfect® will also be accepted. States have the option of sending attachments such as letters of support electronically.

Submissions by facsimile (fax) transmission will not be accepted.

B. When to Send the Application

Each type of grant has a specific closing date. (See "Timetable" on page 5). Applications mailed through the U.S. Postal Services or a commercial delivery service will be considered "on time" if received by close of business on the closing date, or postmarked (first class mail) by the date specified and received within five business days. If express, certified, or registered mail is used, the applicant should obtain a legible dated mailing receipt from the U. S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailings. Applications that do not meet the above criteria will be considered late applications. Those submitting late applications will be notified that their applications were not considered in the competition and will be returned without review.

C. Where to Send the Application

All application forms and related materials must be submitted to:

Systems Change Grants for Community Living
Attn: Judy Norris
Health Care Financing Administration
OICS, AGG, Grants Management Staff
Mailstop: C2-21-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Phone: (410) 786-5130
e-mail: jnorris1@hcfa.gov

III. Required Contents

A complete proposal consists of the following material organized in the sequence indicated. Please ensure that the project narrative is page-numbered. The sequence is:

A. Applicant's Title Page and Cover Letter
B. Standard Forms from the Application Forms Kit
C. Letters of Agreement and Support
D. Project Abstract
E. Project Narrative
F. Budget Narrative/Justification
G. Appendices

A. Applicant's Title Page and Cover Letter

A letter from the Applicant identifying the agency serving as the lead organization, indicating the title of the project, the principle contact person, amount of funding requested, and the names of all organizations and partners actively collaborating in the project. The letter should indicate that the submitting agency has clear authority to oversee and coordinate the proposed activities and is capable of convening a suitable working group of all relevant partners.

B. Standard Forms from the Application Forms Kit

The following standard forms must be completed with an original signature and enclosed as part of the proposal.

GRANT APPLICATION KIT

SF-424: Application for Federal Assistance

SF-424A: Budget Information

SF-424B: Assurances-Non-Construction Programs

SF-LLL: Disclosure of Lobbying Activities

Biographical Sketch

Additional Assurances

You may obtain copies of these forms directly from the HCFA web site at http://www.hcfa.gov/ord/grantop.htm

Note to Applicants: In Item 11 of the "Application for Federal Assistance" (SF-424), please specify the grant for which you are applying.

C. Letters of Agreement and Support

All grant applications, except the application for the National Technical Assistance Exchange for Community Living grant, must have the agreement, endorsement, and active participation of the State Medicaid Agency or the State Agency administering a relevant Medicaid Home and Community-Based Waiver Program.

We advise all applicants to include additional letters of support from consumers and other key stakeholders, as such letters that give substantive support to the agency's narrative application that describes the extent of partnering in the community and the involvement of consumers.

D. Project Abstract

The one-page abstract should serve as a succinct description of the proposed project and should include:

- The overall goals of the project;
- The total budget; and
- A description of how the grant will be used to develop or improve community-integrated services and the ultimate outcomes of the endeavor.

E. Project Narrative

The project narrative should provide a concise and complete description of the proposed project. The narrative portion of the Application must not exceed the page limits for the specific type of grant under consideration. Please do not rely on appendices to describe key details, since they will not be used in the rating process (except for Appendix Six: Charting Personal Assistance Services). This Project Narrative should contain the information necessary for reviewers to fully understand the proposed project.

Organize the grant application according to the general areas described below. Please tailor the information provided in each of the categories so that the information is directly relevant to the specific type of grant for which you are applying. The areas below correspond to the rating criteria against which requests for grant funding will be evaluated. Please refer to that section for the point value and further information about each of the categories within the review criteria.

Below is a brief outline of the topic areas, followed by more specific discussion.

Topic Area	Brief Summary
1. Background and Problem Identification	Describe the State's community long term support system. Identify the problems for which you hope the proposed project will be an answer.
2. Project Description and Methodology	Describe what you would do, and how. Pay particular attention to the outcomes you will achieve, especially the long term (enduring) improvements. It is worth examining the extent to which the problems identified in the first section (problem identification) will be addressed by the particular methods you are describing in the second section (methodology).
3. Significance and Sustainability	How significant are the outcomes likely to be? Outcomes may be measured in terms of such factors as the type of change, the number of people who will benefit from the systems changes and/or the degree to which they may benefit.
4. Formative Learning	Please describe the system you will use to monitor developments,

		learn from mistakes, and use experiences to improve the system in a timely and effective manner.
5.	**Partnerships**	Please describe the groups and organizations with which you will partner to accomplish significant systems changes.
6.	**Budget Narrative/Justification and Resources**	Please explain your budget and explain why this is a good investment of funds. Please also explain the financial or in-kind investments you and your partnering organizations are making to ensure that the project is both successful and significant.

The above categories are explained in more detail in the remarks that follow. At the end of the section are some additional specifics that must be included in the nursing facility transitions grants.

1. Background and Identification of the Problem

This section is composed of three parts. In this section the Applicant sets a context for describing the problem that the grant funds will be used to address.

(a) *Background of the current system*:

Provide a general description of the State's characteristics, populations served, and service options under the applicable grant category. For example:

> ***TRANSITIONS/ILP*** -- The availability of adequate and accessible integrated community housing, etc.;
>
> ***Community PASS*** -- The State's current personal assistance service options, programs and policies and the current population utilizing personal assistance services as described in Appendix Six (either by completing suggested format in Appendix Six or through narrative form);
>
> ***Real Choice*** -- The State's current long term service and support systems, home and community-based services currently in place, personal assistance service options, programs, and policies, including who is served, how services are accessed, and who funds the services.

(b) Analysis of Strengths and Weaknesses

Provide an analysis of the strengths and challenges of the current system, as relevant to the applicant grant category. For example,

TRANSITIONS/ILP --Include an assessment of the strengths and weaknesses of the State's long term supports and services system and nursing facility transition opportunities to provide a context for the need for dedicated resources for nursing facility transition.

Community PASS -- Include an assessment of the nature and extent of personal assistance services available (a) under the State Plan and (b) within HCBS waivers to provide a context for dedicated resources for community-integrated personal assistance and supports.

Real Choice -- Describe the State's capacity to support people of any age who have a disability or long term illness to live in the most integrated community setting, in order to identify the challenges that need to be addressed under the real choice systems change grants.

(c) Identification of the Problem:

Identify the "problem(s)" that you are intending to address.

2. Project Description and Methodology

In this section, the Applicants describe all aspects of the proposed project: the goals to be achieved, how the proposed project will address identified problems, the workplan for completing the project, the linkages between this project and other projects, and key management staff for the project.

(a) *Goals/objectives of the program* -- Describe how the grant funds will be used to meet the goals of the respective grant program.

(b) *The methods through which the problem will be addressed* -- Describe how the Applicant will utilize the grant funds to address the major problems identified in the background section.

(c) C*oordination and linkages* --Describe how the application complements other components of the long term care system, other funding sources supporting similar efforts, and a commitment from key partners and stakeholders.

(d) *Workplan* (with specific timelines and milestones) -- Outline clearly what the Applicant expects to achieve with the grant. Describe milestones and work products to be accomplished during the grant period. (Examples of work products include, among others, completed program designs, legislative initiatives or proposed technical assistance and training to providers. The timetable for accomplishing the major tasks to be undertaken should include key dates relevant to the proposed project (e.g. State budget cycles and legislative sessions)).

(e) *Organization, Management and Qualifications* -- Describe the project organization and staffing.

Each application should include:

- A chart of the proposed management structure and description of how key project staff will report to the proposed project director, the Medicaid agency, and any interagency or community working groups.

- Description of how children or adults with disabilities or long term illnesses will be involved in of program design, implementation, evaluation and/or reporting.

- Description of the sub-contractors or partners to be involved in the grant and receiving funds, their management structure and organization, an outline of the specific tasks to be executed by the sub-contractor or partner and the reporting mechanisms that the State will require of each sub-contractor or partner.

- Brief biographical sketches of the project director and key project personnel indicating their qualifications and prior experience for the project. Resumes or curriculum vitae for the key project personnel should be provided as an attachment.

3. Significance and Sustainability

In this section, the Applicant must describe how the intended outcomes of the project will create enduring change to the State's current system that will enable individuals to:

(a) Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
(b) Exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use and the manner by which services are provided; and
(c) Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

The Applicant describes how the proposed project activities will result in enduring system change in at least one of the following areas: (a) Access, (b) Availability and Adequacy of Services, (c) Quality of Services and (d) Value, as described more fully in Section III E. Use of Funds.

4. Partnerships

Describe any partnership with the disability and aging communities, service providers, other State or local agencies, and other private entities. Describe how the State has meaningfully involved any or all of the aforesaid groups in the planning and development of the grant application and how the State plans to continue the involvement of the aforesaid in the implementation, monitoring, and evaluation activities.

Note: Applicants may furnish a set of endorsements of the support and commitments that have been pledged for the proposed project (e.g. cooperation from the disability community, other state agencies, the State executive branch, the State Legislature, providers, disability and aging communities, and advocacy groups). Individual letters of support should be included as attachments.

5. Formative Learning

In this section, the Applicant describes how the project will be monitored to ensure that the goals and timeline are being met, and importantly, how continuous quality improvement principles are built in the program design to ensure that feedback is incorporated in the project's ongoing operations.

(a) Formative learning-- Describe plans for monitoring and analyzing the progress and barriers encountered in the project over time.

(b) Improving -- Describe how ongoing feedback will be incorporated into the project's ongoing operations to improve the project.

6. Budget Narrative/Justification and Resources

In this section, provide a detailed breakdown of the aggregate numbers for the budget recorded on Standard Form 424, including allocations for each major set of activities or proposed tasks. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must include funds for at least one person to attend a grantee meeting in Washington D. C. each year, and funding for one person to attend an annual research meeting in Washington D. C. or Baltimore, Maryland. In addition, include a discussion of how the State activities will support the 5 percent in-kind match requirement. Note: The designated lead agency is solely responsible for the fiscal management of the funds.

7. For Further Information Contact

Questions about these grants may be directed to:

Susan Hill
Health Care Financing Administration
Center for Medicaid and State Operations
DEHPG/DASI
Mail Stop: S2-14-26
7500 Security Blvd
Baltimore, MD 21244-1850
(410) 786-2754
Internet: shill@hcfa.gov

Appendix Two: Review Criteria

Pertains To All Grants Except National TA Exchange [1]

1. Identification of Problems or System Issues (15 points)

A. Background and Identification of Problems

The application demonstrates a thorough understanding of the characteristics of the State's current population and service options under the applicable grant category. For example, a thorough understanding of:

TRANSITIONS/ILP - Individuals residing in nursing facilities, the availability of adequate and accessible integrated community housing, the available services that individuals utilize to transition from nursing facilities into the community, the available services to sustain these transitions, and available financial support via State, Federal, and private sources.

Community PASS - The State's current personal assistance service options, programs and policies and the current population utilizing personal assistance services and an analysis of the demand for those services

Real Choice Systems Change - The State's current long term service and support systems, personal assistance service options, programs and policies; an analysis of the needs of people of any age with a disability or long term illness for long term services and supports and the present environments in which they access services; an analysis of wait lists and the present demand factors or trends that contribute to waiting lists or overuse of institutions.

B. Analysis of Strengths and Challenges

The Application evidences an analysis of the strengths and challenges of the current system, as relevant to the applicant grant category. For example, an examination and understanding of:

TRANSITIONS/ILP - The issues and barriers related to nursing facility transition options

1 For the review criteria that pertain to the National Technical Assistance Exchange for Community Living grant, please see the Part Two, Section IV of this document.

and the potential role for utilizing the knowledge and expertise of ILCs and similar consumer directed agencies.

Community PASS - The strengths and weaknesses of the State's current personal assistance services system and the issues and barriers to consumer-directed personal assistance service options.

Real Choice Systems Change - The strengths and weaknesses of the Applicant States' current long term service and supports system, of the States' existing 1915(b) and (c) waivers and existing gaps for certain populations in accessing services and supports necessary for community-integrated services, and an understanding of the issues and major barriers to consumer-directed long term services and supports.

C. Problem Analysis

The application evidences an identification, understanding, and analysis of the scope and nature of the specific problem(s) or gap(s) that the proposal is addressing.

2. Project Description and Methodology (30 points)

A. Goals/Objectives

1. The application evidences clear goals and objectives that relate in a meaningful way to the problem(s) identified above.

2. The application evidences goals and objectives that are reasonable and will be effective in accomplishing the purpose of the grant:

TRANSITIONS/ILP - (1) To develop infrastructure to assist individuals to successfully transition from a nursing facility to a community setting and participate in social and economic activities of community life, and (2) To develop outreach, provide technical assistance, and supplement the State's infrastructure needed to accomplish the aforesaid transition.

Community PASS - To maximize consumer-direction and consumer-control of personal assistance services.

Real Choice Systems Change - To create enduring systems change in community long term services and supports.

B. Methods of Effectively Addressing the Problem

1. The application clearly describes the methods that would be used to address the problem and reach the goals of the program.

2. The application evidences methods that are reasonable, and the activities relate to and inspire confidence that the goals of the proposal will be met.

C. Coordination and Linkages

1. The application demonstrates that the initiatives proposed complement other components of the respective systems under the grant category. For example:

   TRANSITIONS/ILP - An effective nursing facility transition program (e.g. relationships with housing authorities, the availability of appropriate support services, initiatives of other consumer-directed agencies, State Medicaid/HCBS agencies, and housing authorities).

   Community PASS: An effective personal assistance services system (e.g. choice of providers, provide availability, and individualized prior authorization procedures).

   Real Choice Systems Change*:* An effective community integrated long term service and support system.

2. The application evidences coordination with other funding sources supporting similar efforts.

3. The application reflects a commitment from partners and includes a description of their involvement and specific undertakings.

D. Workplan

The application includes a workplan that documents reasonable benchmarks, milestones, timeframes, and identifies the responsible parties to accomplish the goals of the project.

E. Organization, Management and Qualifications

1. The application addresses any significant circumstances that would effect the ability of the applicant to recruit and hire staff for the project. The application identifies whether there are any current hiring freezes or other obstacles that would affect staffing and, if so, identifies methods by which such obstacles will be overcome (e.g., by making exceptions to general freezes, by contracting out, etc.).

2. The application evidences that key project staff, stakeholders and partners are qualified and possess the experience and skills to design, implement, and evaluate the program within the

available time frames.

3. The application evidences that key project staff have direct professional experiences with individuals of any age who have a disability or long-term illness.

4. The application documents inclusion of persons with disabilities or long term illness in significant roles (e.g. as governing board members, providers, staff, on-going advisors or consultants, etc.)

5. For the ILC grant only, the Application also provides evidence that the entity applying meets the Federal or State definition of an ILC (this can be verified via the State letter of support that is required in the Partnership grant application) and demonstrates that the ILC includes multiple age and disability groups within the scope of their activities.

3. Significance (20 points)

A. Enduring Change:

The application evidences that, via the proposed program, the State seeks to implement enduring and effective systems of service delivery and relationships among stakeholders that will support people of relevant ages with a disability and/or long-term illness to:

1. Reside in the most integrated setting and exercise meaningful choice and control over where they reside;

2. Have access to community living and support services that are delivered in a manner that is consistent with the consumers' priorities and preferences and ensures continuity of service provision.

B. Assistance with Key Goals and Objectives:

The Application evidences that the program goals and objectives will assist the State to create enduring systems change in at least one of the following areas: (a) Access; (b) Availability and Adequacy of Services; (c) Quality of Services and (d) Value, as described more fully in Section III E. Use of Funds.

C. Sustainability

The application evidences that the State has taken steps to ensure that changes in the system endure after the grant period.

Partnerships (20 points)

A. Consumer Partnerships: **(10 points)**

The application evidences a plan/design with details about the method(s) through which the State will meaningfully involve people with disabilities and long-term illness and their representatives in all stages of the problem analysis, planning, implementation, monitoring and evaluation activities.

B. Public/Private Partnerships: (10 points)

The application evidences a plan/design with details about the method(s) through which the State will meaningfully involve representatives of State and local level agencies, integrated community service providers, and other private entities in all stages of the problem analysis, planning, implementation, monitoring, and evaluation activities.

5. Formative Learning (5 points)

A. The application evidences that it has mechanisms for tracking the program goals, objectives and outcomes.

B. The application evidences that there is a means of incorporating feedback into the project's ongoing operations.

6. Budget and Resources (10 points)

A. The application evidences a reasonable and detailed budget.

B. The application evidences budgeted costs that are reasonable in relation to the objectives, design and significance of the achievements that are proposed.

C. The application evidences that the budget follows the requirements stated in the program announcement and specifically does not use grant funds to supplant existing funds.

D. The budget includes at least a 5 percent in-kind or third-party non-cash contribution, or any combination of cash and non-cash contributions that total at least 5 percent of the grant award.

E. The application assures that grant funding will not be used to replace existing State or Federal funds.

APPENDIX THREE: COMMUNITY PASS EXAMPLES

EXAMPLES OF WAYS THAT GRANT FUNDS MIGHT BE USED UNDER THE "COMMUNITY- INTEGRATED PERSONAL ASSISTANCE SERVICES AND SUPPORTS" GRANT.

Described below are possible uses of "Community-Integrated Personal Assistance Services and Supports" Grant funds. Please note, however, that when Medicaid or other Federal funds are used, we expect that the applicable rules of that program will apply. The receipt of these funds does not confer a waiver of the applicable Federal laws and regulations regarding payment of providers, etc.

The examples below provide possible uses of grant funds and are not meant to denote preference for a particular activity. It is also not meant to limit the creativity of the Applicant in using grant funds to address a particular problem. Additionally, Part A and B below represent an organization of those activities and do not confer a preference for examples listed in one part versus another.

Part A: Examples of Building Blocks

The examples listed below are discrete activities that could be implemented that promote consumer choice and consumer control in personal assistance services.

1. ***Database Infrastructure:*** Create a system to track individual budgets and expenses under a consumer-directed system.

2. ***Management of Personnel Tasks:*** Create mechanisms to assist consumers with administration of personnel tasks (e.g., tax withholding, worker's compensation, criminal record checks, and health insurance).

3. ***Recruitment and Management of Personal Assistance Services:*** Provide training to consumers who will be directing their personal assistance services in recruitment and supervision of workers, hiring and firing workers, and understanding fiscal and legal responsibilities as an employer of record.

4. ***Consumer Education and Support:*** Identify the knowledge and skills required for meaningful and effective consumer-directed service planning and delivery. Develop and provide training and educational forums that assist consumers in self-directing their personal assistance services including, for example, interviewing, supervision, and assessing one's own personal assistance needs.

5. ***Provider Qualifications:*** Create mechanisms to streamline the process of qualifying individuals who have been identified by the consumer as capable and interested in furnishing home and community-based services, and simplifying payments to such individuals.

6. ***Provider Training and Technical Assistance:*** Develop curricula and training programs to assist provider agencies to improve consumer input and control even when the consumer is not functioning as the employer of an personal assistance. Provide technical assistance to such provider agencies to advance the concept of individual dignity, choice, and participation in the community. Provide technical assistance to provider agencies in listening to consumers, designing effective feedback mechanisms, and supporting workers in their learning, growth and development in providing personal assistance services. Assist provider organizations in fostering a culture of respect and systematic learning from the individuals they serve.

7. ***Job Bank:*** Develop job banks to facilitate match-ups between workers seeking jobs and consumers seeking to hire consumer-directed personal assistants. Conduct certain kinds of pre-employment background checks (such as immigration status checks or criminal background checks).

8. ***Human Resources Support:*** Assist consumers in carrying out the personnel tasks associated with self-directing personal assistance services including tax withholding, worker's compensation, criminal record checks, etc. and to create infrastructure that provides this capacity statewide.

9. ***Training and Technical Assistance.*** Provide training and technical assistance either directly, or through a public or private entity for individuals with disabilities or long term illness, and, as appropriate, their representatives, personal assistants, and other personnel (including professionals, paraprofessionals, volunteers, and other members of the community).

10. ***Self-advocacy Development:*** Train or mentor individuals in advocating for themselves in accessing, planning, or receiving quality personal assistance services.

11. ***Back-up Support:*** Create mechanisms whereby consumers are able to receive personal assistance services from back-up workers should a scheduled worker become unavailable.

12. ***Paraprofessional Staff Recruitment, Retention and Training Efforts:*** Strengthen the availability of personal assistants through efforts to recruit, train, and retain paraprofessionals as personal assistants.

13. ***Risk Management:*** Implement operating procedures and develop systems that allow and enable consumers to exercise individual choice without exposing them to undue liability or risk.

14. ***Nursing Delegation:*** Strengthen ability to delegate certain tasks to personal assistants, family members, and the consumer while maintaining conformity with the State's Nurse Practice Act.

15. ***Urgent Response Systems***: Develop response system to urgent care needs so that consumers could receive information, advice or short-term supports and services. For example, a nurse could provide emergency advice, treatment or training of a personal assistant to prevent a condition from worsening (e.g. pressure sore, etc.)

Part B: Model Development and Demonstrations

The examples listed below will likely include one or more of the discrete activities listed in Part A. and would be interrelated with one another.

1. ***Developing Consumer-Directed Services:*** Identify, develop and implement strategies for modifying policies, practices, and procedures that:

    - Unnecessarily restrict the consumer's options in the provision of personal assistance and supports;
    - Promote individualized, consumer-directed planning and service provision;
    - Maximize the opportunities for community participation and ensure the most integrated community living setting possible; and
    - Support the exercise of personal responsibility.

2. ***Demonstration*****:** Conduct, on a time-limited basis, the demonstration of new and effective approaches to accomplishing the purpose of the grant ensuring maximum control by consumers to select and manage personal assistance services.

3. ***Waiver Analysis*****:** Determine how effective the home and community-based waiver(s) is in fostering consumer-directed services and developing solutions as needed including developing new 1915(b) and/or 1915(c) waivers.

4. ***Individual Budgeting****:* Analyze how to structure and implement an individual budgeting processes.

5. ***Support Brokerage:*** Redesign case management services to include support brokerage which may include assisting individuals in developing a person-centered plan, identifying needs and services, and purchasing those services or supports.

6. ***Self-direction under a capitated program:*** Enhance self-direction under an existing managed care program.

7. ***Consumer-Directed Providers:*** Create consumer-directed service delivery approaches such as personal assistance cooperatives, peer-counseling supports, micro-enterprises, and similar ventures, owned and controlled by people with disabilities, families of children with disabilities, and community services workers.

8. ***Community Living Specialist:*** Create a cadre of paraprofessionals with and without disabilities who would help persons identify and receive necessary services and supports to transition into and/or continue to live in their own communities.

9. ***Coherent and Timely Access*****.** Design, demonstrate, implement, or evaluate a process to ensure timely and effective personal assistance services to individuals who may be directing his or her own service provision including the following:

- Receiving nursing services as needed;
- Emergency or crisis intervention services, including a back-up worker registry; and
- Effective complaint and grievance support to develop solutions in response to conflicts or problems.

APPENDIX FOUR: REAL CHOICE SYSTEMS CHANGE EXAMPLES

EXAMPLES OF WAYS THAT GRANT FUNDS MIGHT BE USED UNDER THE "REAL CHOICE SYSTEMS CHANGE SYSTEMS CHANGE" GRANTS.

The list below represents only a few examples of activities that States might wish to consider. The list is not intended to limit State creativity. The key question applied to any proposed activity should be: does this activity promote an enduring systems improvement that will significantly advance the purpose for which these grants were made?

We organized the examples in the same framework we used to discuss the "Use of Funds" in Part Two of the grant solicitation, section III. E: (a) Access, (b) Adequacy, (c) Quality, and (d) Value. Many examples fit more than one category. Other examples relate more to the overall management of the State's long term support system than any one aspect. We listed these examples first, as an additional set of overall management examples.

Overall Systems Management

Comprehensive Long Term Service System Reforms: Design, demonstrate, or implement reforms for one or more target groups that create an effectively working system of comprehensive long term care services that (a) enable flexible long term service funding to follow each individual across the sites of preferred and appropriate living arrangements; (b) maximize the opportunities for community participation and ensuring the most integrated community living possible; and (c) support self-direction and the exercise of personal responsibility.

Community Services Planning: Actively engage with elderly individuals and people with disabilities to plan for improved systems of community long term support. Develop comprehensive, effectively working plans and systems for serving people in the most integrated settings appropriate, as suggested by the U.S. Supreme Court. Support a consumer task force for the overall systems change effort.

Service Management: Improve the State's service (or "case") management system by (a) training supervisors of service managers in methods to recruit and retain effective service managers or methods to facilitate and support creative and consumer-responsive problem-solving on the part of service managers.

Access

Coherent and Timely Access: Design, demonstrate, implement, or evaluate reforms that offer "one-stop shopping" for all long term care services, characterized by (a) timely access to clear information about options for long term care services; (b) prompt eligibility determinations for any

relevant service program; (c) effective referral and follow-up service; (d) emergency or crisis intervention services, including temporary support to individuals or their families while they are on a waiting list for on-going services; (e) improved access to on-going services if needed; and (f) effective grievance and ombudsperson support to fashion solutions in response to conflict or problems in services.

Streamlining Access: Streamline access and coordination among service systems that provide treatment and supports to children or adults of any age who have a disability or long term illness. Simplify eligibility requirements or processes for a multiplicity of Federal/State/County or local services that people with disabilities rely upon.

Section 1902(r)(2): Develop or implement methods to use Section 1902(r)(2) of the Social Security Act to disregard selected income or assets and thereby remove Medicaid access barriers.

Assessment Methods: Develop assessment protocols to identify people of any age who require long term support who want and can benefit from community placement. Develop methods to ensure that individuals with disabilities who are currently residing in institutions or who are at risk of institutional placement have the benefit of appropriate screening, assessment of needs and preferences, and provision of information to ensure placement in the most integrated setting appropriate to the individual's needs.

Knowledge and Training: Develop and implement programs to train social workers and discharge planners in hospitals, nursing facilities and other institutions about the Americans with Disabilities Act and how to effectuate an appropriate transition plan.

Linkages: Develop and implement programs to effectively link community-based service providers and consumer based organizations to institutional providers to facilitate appropriate transition plans.

Special Services for Transitions: Develop public-private partnerships that would create the systems, resources, and management capacity to provide assistance with transition expenses for people who move from institutional settings to the community. Examples include the cost of security deposits, home furnishings, initial rent or housing down payments, accessibility modifications, etc. Develop the capitalization and other capacity to ensure that such assistance is available long after the project period of the State's grant application. Develop a medical or social support system for those individuals transitioning from institutional settings to the community (i.e., advice nurse phone lines, urgent care phone lines, etc.).

Access to Health Professionals: Support State initiatives to broaden access to primary care physicians and specialty care, for the elderly and for persons with disabilities.

Service Management: Design or implement improvements to the State's service management system so that service ("case") management is available for persons in institutions. Such community-oriented service management can ensure that appropriate planning, mobilization of community supports, medication management and other services are available prior to transition from an institution. Please not that Medicaid policy permits the use of targeted case management funds (or HCBS waiver funds) for such purposes for up to 180 consecutive days prior to discharge from an institution.

Adequacy of Services and Systems

Community Support Programs: Identify key features that make community support programs (CSP) successful and use them to improve services or implement models in areas that do not currently have the benefit of such services for people with a mental illness. Expand existing models so that elderly persons with a mental illness, as well as younger persons, may have the support of CSP services.

Assertive Community Treatment (ACT): Identify methods by which ACT might be demonstrated under the rehabilitation option of the State's Medicaid Plan, under the Mental Health Block grant or other funding sources.

Development of Infrastructure to Improve Personal Assistance Services: Develop the infrastructure to improve the availability, reliability, and adequacy of the State's personal assistance services under Medicaid. For additional specific examples of activities designed to promote consumer control, please see Appendix Three.

Reasonable Modifications: Identify and fund services and supports that are not otherwise reimbursable under Medicaid or other benefit program to demonstrate cost effectiveness of making reasonable modifications to avoid inappropriate institutionalization.

Back-Up Supports: Develop partnerships with consumer-based or faith-based organizations to identify and/or maintain a supply of willing providers who can serve as back-ups when an individual's support system breaks down.

Frontline Workers: Develop strategies to address the frontline worker shortages, such as working with community colleges or others to establish training programs in the areas of identified shortage. Work with community colleges or others in the area to design and teach providers about the needs of persons with disabilities. (e.g., efforts to train dental assistants). Develop recruitment programs to tap new and underutilized labor pools, e.g., TANF recipients, students, retirees, faith-based organizations. Design and implement a program that protects and promotes frontline workers (e.g., offering workers compensation, health insurance, paid vacation leave, educational opportunities, and supervisory training. Design and implement a program to recruit and maintain paraprofessionals (e.g., attendant workers, personal care workers, etc.).

Community-Based Organizations: Utilize consumer organizations such as for Independent Living Centers (ILCs), peer operated mental health programs, self-advocate programs, club houses, and others to establish and administer a network of supports for persons with disabilities and their families. This might include development of training in subjects such as how to participate in the formulation of their care plan; how to identify characteristics of a good support worker; how to recruit, interview, choose a worker; how to supervise, employment issues, etc.

Train Paid and Unpaid Caregivers: Provide training to both paid and unpaid caregivers, including family members and others in the informal support system. Training may be targeted to the needs of particular populations, e.g. children, the elderly, people with physical disabilities or be designed

around particular needs, e.g. understanding mental illness, Alzheimers disease, etc.

Nurse Delegation: Establish and oversee a State-sponsored demonstration of nurse-delegation to personal assistants, supervised by the care receiver and/or family.

Housing Strategies: Plan, develop and implement systems to improve access to affordable, accessible, housing that is typical of the community. Develop effective partnerships between service and housing providers and developers. Work with community-based and faith-based organizations to improve the availability of low-income housing for persons with disabilities, modify housing stock to meet special needs, and provide greater knowledge and understanding of issues related to disability on the part of landlords. Coordinate with organizations to implement HUD's Access 2000 and other housing programs that serve people with disabilities.

Rural Services: Provide "seed money" to encourage expansion of access in rural and underserved areas to provide an array of services necessary to live in the most integrated setting possible. Develop and implement a plan to address "waiting lists" for key HCBS services that may be less available in rural areas than elsewhere. Develop programs that reduce the social and physical isolation of disabled or elderly consumers and their family members, particularly in rural areas.

Managed Care: Develop improved risk-adjusters in managed care programs that ensure that managed care organizations are compensated fairly for serving people with disabilities well and do not have incentives to avoid enrollment of such persons, to underserve them, or to provide inadequate services. Develop quality assurance indicators that track and spotlight services to people with the most severe disabilities or long term illnesses. Develop consumer protections and more effective, results-oriented grievance or ombudsperson systems that focus on the distinct service requirements of people with disabilities or long term illness. Develop specialty managed care programs that rely on managed care principles but apply them in a manner that serves people with disabilities or long term illnesses more effectively.

Quality

Quality Assurance and Quality Improvement: Improve the systems by which the State assures that: (a) quality will characterize its home and community-based services and will be designed into each aspect of the system; (b) frequent and accurate customer feedback and other information from the sites of service delivery are obtained and used effectively to correct or prevent problems; (c) quality problems are systematically identified and remedied; and (d) the capacity to improve is built into the service delivery system through competent quality improvement functions.

Using Citizen Experts: Establish State quality assurance/improvement systems that use consumers, their families, and/or community members as significant or primary members of quality oversight teams. Establish a Quality Design Commission incorporating the State, providers, participants and family members to identify and design quality into the front end of home and community-based service programs.

Value

Training: Provide support to public or private entities to train and provide technical assistance activities for individuals of any age with disabilities, attendants, providers, and other personnel (including professionals, paraprofessionals, volunteers, and other members of the community).

Peer Counseling: Fund peer counseling and other cost-effective methods of enlisting the expertise of elderly or people with a disability in the service of others. Develop peer-to-peer programs to help consumers make informed decisions about community services, residence, and participation.

Infrastructure Development That Supports Consumer-Directed Services: Enhance system operations to support development and purchase of services that is organized around the individual and is outcome-based. Develop and implement mechanisms to further consumer-directed services, such as flexible home and community-based waiver service definitions, assistance in purchasing services (e.g., support brokerage), assistance in acquiring housing through rental or home ownership, development of provider qualifications tied to the consumer's needs, implementation of emergency back-up systems for personal assistance or other services, and involvement by people of any age who have a disability or long term illness (and their families) that includes personal responsibility for one's plan and budget.

Infrastructure for Cost-Effective, Non-Medical Solutions: Develop and implement strategies to modify policies or practices that eventuate in unnecessary provision of services by highly-credentialed professionals when other persons, with adequate support or training and consumer direction, might be able to perform the requisite functions competently and at less public expense.

Demonstrations: Demonstrate more effective systems of providing long term support that (a) generate more and improved options for people, and then (b) support the exercise of improved consumer or family choices with regard to the location of services, manner of service delivery, quality, and degree of self-direction involved.

Appendix Five: PROHIBITED USES OF GRANT FUNDS

Grant funds may not be used for any of the following:

- To provide direct services to individuals except as explicitly permitted under each grant solicitation;

- To match any other Federal funds;

- To provide services, equipment or supports that are the responsibility of another party under Federal or State law (such as vocational rehabilitation or education services) or under any civil rights laws including, but not limited to, modifications of a workplace or other reasonable accommodations that represent an obligation of the employer or other party;

- To provide infrastructure for which Federal Medicaid matching funds are available at the 90/10 matching rate, such as certain information systems projects;

- To supplant existing State local, or private funding of infrastructure or services such as staff salaries, etc.;

- To be used for expenses other that will not be used primarily for the benefit of individuals of any age that have a disability or long term illness;

- To be used for ongoing administrative expenses related to Medicaid services unless such administration is part of a well-defined test of alternate and improved methods focused specifically on personal assistance services that maximize consumer control; or

- To be used for data processing hardware in excess of the personal computers required for staff devoted to the grant or for any direct services permitted under that grant.

APPENDIX SIX: CHARTING PERSONAL ASSISTANCE SERVICES

CHART FOR DESCRIBING THE CURRENT SYSTEM OF PROVIDING PERSONAL ASSISTANCE AND SUPPORTS

(TO BE USED BY APPLICANTS FOR THE COMMUNITY PASS GRANT ONLY)

The following two charts represent an overview of the information we are requesting from Applicants regarding currently available personal assistance services. While completion of these charts is not required, we would suggest using them as a tool to organize information regarding the States' personal assistance service programs and delineate the extent to which consumer-directed supports and services are available to individuals.

To complete the chart, respond to the questions or information requested in the left-hand column. Please answer in the format provided in the parentheses (e.g., number, yes or no, further description, etc.) If additional information is requested or you would like to provide additional information and there is insufficient space in the chart, please attach additional pages with the description.

Finally for those circumstances that do not apply, for example, if a State does not offer personal assistance services in the Medicaid State plan, answer "N/A".

Chart 1 for Community PASS - Overview of Current Personal Assistance Services

	Program ♦ Medicaid ♦ State-Funded ♦ Title XX ♦ Other	**Medicaid State Plan**	**Medicaid Home & Community-Based Waivers (For States with more than one waiver additional columns are provided)**			**Medicaid Section 1115 Demonstration**	**State Funded**	**Other (List)**	**Other (List)**
1	Title of Service Provided (e.g., home health, personal care, etc.)								
2	Are personal assistance services available under the programs? (Yes/No)								
3	Are services available statewide? (Yes/No)								
4	Number of individuals receiving personal assistance services (Number)								
5	Any age or type of disability restrictions associated with receiving these services? (Yes/No, Describe)								
6	Can services be provided outside the home? If yes, where? (Yes/No, Describe)								

7	What if any limits are there on the number of hours that this service can be received? (Describe)								

Chart 2 for Community PASS - Availability of Consumer-Directed Personal Assistance Services

	Program ♦ Medicaid ♦ State-Funded ♦ Title XX ♦ Other	**Medicaid State Plan**	**Medicaid Home & Community-Based Waivers (For States with more than one waiver additional columns are provided)**			**Medicaid Section 1115 Demonstration**	**State Funded**	**Other (List)**	**Other (List)**
1	Under what, if any, circumstances can an individual direct his/her personal assistant(s) services? (Describe)								
2	Can the consumer hire his/her personal assistants? (Yes/No, Describe)								
3	Can the consumer directly pay his/her personal assistant(s)? (Yes/No, Describe)	N/A	N/A	N/A	N/A				
4	Can the consumer conduct the personal assistant's training? (Yes/No, Describe)								
5	Can the consumer terminate the personal assistant's employment? (Yes/No, Describe)								

6	How many individuals are currently enrolled in a consumer-directed personal assistance services option? (Number)								

APPENDIX SEVEN: Letter of Intent to Apply

Please complete and return this form by Friday, June 8, 2001 to:

Jeremy Silanskis, Health Care Financing Administration
CMSO/DEHPG/DASI, Mail Stop: S2-14-26
7500 Security Boulevard, Baltimore, MD 21244-1850
Fax: (410) 786-9004

1. Name of State:

2. Applying Agency: _____

3. Contact Name and Title: _____

4. Address: _____

   _____

5. Phone:_____

6. Fax: _____

7. E-mail: _____

8. Specify the Systems Change Grant for which you are applying at apply:

   - Γ "Real Choice Systems Change Systems Change"
   - Γ "Nursing Facility Transitions"
     - Γ State Program grant
     - Γ Independent Living Partnership grant
   - Γ "Community-Integrated Personal Assistance Services and Supports"
   - Γ The "National Technical Assistance Exchange for Community Living" Grant

   Note: Separate letters of intent should be sent for each grant for which you are applying.

9. Expected Duration of Grant Request: From _____to_____

10. Expected amount of request: $ _____

In an attachment, please submit any questions that you would like to have answered by HCFA before you submit your formal grant application.

Although it is not mandatory for an applicant to submit a letter of intent, we would appreciate receiving a letter of intent from each applicant because it will help us to plan our review panels. Submission of a Letter of Intent to Apply does not bind the State or organization nor will it cause a proposal to be reviewed more favorably.